SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 247

SUMMARY PAGE

SUMMARTIAGE										
1.NAME OF COMMITTEE							2. TYP	E OF COMMITTEE		
Lamont For Governor							х	Candidate Committee		
Lamone 1 of Governor								Exploratory Committee		
3. TREASURER NAME										
Title	First			MI	Last			Suffix		
	Elvira			М	Albert					
4. TREASURER ADDRESS										
Street Address			City			State	2	Zip Code		
38 Klondike Ave			Stamf	ford	•	06907				
5. ELECTION DATE			6.0	FFICE SOLIG	HT (if applicable)	1	7 DISTR	ICT CODE (if applicable)		
			0.0	11102 5000	III (y applicable)		7. DISTR	ici cobe (ij applicaole)		
11/02/2010		Governor								
8. CANDIDATE NAME										
Title	First			мі	Last			Suffix		
Edward M Lamont										
9. TYPE OF REPORT										
150% Declaration of Excess Receipts & Expenditures Primary - Original										
10. PERIOD COVERED										
TO TEMOD CO TEMOD										
		Beginning Date			Ending Date					
		04/01/2010	thru	ı	05/26/2010					
			11. CER	TIFICATION						
✓ I hereby certi	frand state	under nonelhies of folse		+	of the information ast forth					
					of the information set forth period covered is true,					
accurate and o	omplete.									
Electronic Filing	Electronic Filing Elvira Albert 05/28/2010									
SIGNATURE		PRINT NAME OF THE	E SIGNF	ER		E CERTIFIED				
					LE BY FINE NOT TO EXCEED)				
	\$1,0	UU, OR IMPRISONMENT	FOR N	OF MORE TH	IAN ONE YEAR, OR BOTH.					

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Lamont For Governor		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$302,529.42	
14. Contributions received from Individuals (Section A and B)	\$86,520.20	\$405,661.20
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$530.33
16. Other Monetary Receipts (Section D-I)	\$1,600,290.00	\$1,850,536.06
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,686,810.20	\$2,256,727.59
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,989,339.62	\$2,256,727.59
20. Expenses Paid by Committee (Section N)	\$1,519,013.28	\$1,786,401.25
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$470,326.34	\$470,326.34
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$14,217.22
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$64,887.79	\$64,887.79
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$27,405.28	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$106,007.14	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Lamont For Governor									
A. Total Contributions from	m Small (Contributors-Received th	is Perio	d ONLY	7				
(See instructions for definition of Small	Contributor)			Sub	total Section A	\$0.00			
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution	ı ID#	Amount of
McGowan	John			Cash Money	y Order X Credit/Do	Check ebit Card	0594		Contribution
Residential Street Address		City	•	State	Zip Code	D	ate Received		
25 Upland Dr		Greenwich		СТ	06831-4424	0	4/01/2010		
Principal Occupation		Name of Employer		•	Is this contribution assoc			Yes	
Managing Director		Self/Torus Capital			fundraising event listed if If yes, list Event #	in Section J	J1?	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t spouse or	Aggra	egate Contributi	ions	
state contractor? Is yes, indicate which branch or branches of			dependent	child of a lob	byist?	Aggic	\$2,00		\$2,000.00
government the contract is with:	<u>. </u>	Executive Legislative	<u> </u>	es x	No				
Last Name	First Name		MI		contribution:	CI. I	Contribution	ı ID#	Amount of
Galluccio	Teri			Cash Money	Personal y Order X Credit/De	Check ebit Card	0591		Contribution
Residential Street Address		City	!	State	Zip Code	D	ate Received		
9 Knollwood Dr		Greenwich		СТ	06830-4756	0	4/01/2010		
Principal Occupation		Name of Employer			Is this contribution assoc	ciated with	а П	Yes	
Homemaker		NA			fundraising event listed if If yes, list Event #	in Section J			
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t spouse or	Agara	aata Cantributi	iona	
state contractor? Is yes, indicate which branch or branches of	· · _	les line		child of a lob		Aggie	egate Contributi \$25	50.00	\$250.00
government the contract is with:		Executive Legislative		res x	No				
Last Name	First Name		MI		contribution:		Contribution	ı ID#	Amount of
McKinney	Fred			Cash Money	Personal V Order X Credit/December 2	Check ebit Card	0592		Contribution
Residential Street Address	Į.	City		State	Zip Code	D	ate Received		
8 Windmill Ln		Trumbull		СТ	06611-4977	0	4/01/2010		
Principal Occupation		Name of Employer		•	Is this contribution assoc			Yes	
Executive		GNEMSDC			fundraising event listed in If yes, list Event #	in Section J	J1? x		
Is contributor a principal of a state contractor	or prospective	Yes X No	Tt'l-			1.			
state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contributi \$2	ions 50.00	\$250.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	No		Ψ2.	50.00	Ψ230.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ı ID#	Amount of
Butler	Jonathan			Cash Money	Personal y Order X Credit/De	Check ebit Card	0593		Contribution
Residential Street Address		City		State	Zip Code		ate Received		
14 West Ln		Niantic		CT	06357-3716		4/01/2010		
Principal Occupation		Name of Employer			Is this contribution associ	ciated with	а П	Yes	
Architect		Jonathan P. Butler AIA LLC			fundraising event listed	in Section J	J1? X		
		<u> </u>	1		If yes, list Event #		ت		}
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contributi		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	I '	res x	-		\$10	00.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Weinberg	Deborah				Cash Money	Personal C x Credit/Del		0595		Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
14 Perkins Rd		Greenwid	ch		СТ	06830-3511	0	4/01/2010)	
Principal Occupation mom		Name of En	mployer			Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$3,5	itions 500.00	\$3,500.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	
Russotto	Scott				Cash	Personal C y Order X Credit/Del		0596)II I <i>D #</i>	Amount of Contribution
Residential Street Address		City		1	State	Zip Code	D	ate Received		
800 Flanders Rd		Mystic			CT	06355	1	4/02/2010)	
Principal Occupation		Name of E	mployer			Is this contribution associa	ated with	a	Yes	
manufacturing		self				fundraising event listed in If yes, list Event #	Section .	1?	No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	itions \$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Malekzadeh	Zahra				Cash Money	Personal C X Credit/Del		0597		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
193 Park St Apt D		New Can	aan		СТ	06840-5746	0	4/03/2010)	
Principal Occupation		Name of E	mployer		•	Is this contribution associa			Yes	
Retired		IBM				fundraising event listed in If yes, list Event #	Section .	1? x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$	50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Lareau	Margaret				Cash Money	y Order		0598		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
17R Reed Hill Rd		Granby			СТ	06035-2928	0	4/03/2010)	
Principal Occupation		Name of E	mployer		-	Is this contribution associa			Yes	
attorney		Nat'l Lat	oor Relations Board			fundraising event listed in If yes, list Event #	Section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		E		dependent	child of a lob	-		\$	25.00	\$25.00
government the contract is with:	ш	Executive	Legislative		es 🔼	N0				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Lamont For Governor										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Fink	First Name Jesse		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0600	bution ID #	Amount of Contribution		
Residential Street Address 20 Marshall St Ste 300		City Norwalk		State CT	Zip Code 06854-2281	Date Recei				
Principal Occupation Manager		Name of Employer Marshall Street Management	t .		Is this contribution associa fundraising event listed in If yes, list Event # 041		X Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	tributions 51,000.00	\$1,000.00		
Last Name webb	First Name david		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0599	bution ID#	Amount of Contribution		
Residential Street Address 523 Lake Ave		City Greenwich		State CT	Zip Code 06830-3831	Date Recei				
Principal Occupation investor		Name of Employer sfw capital		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$500.00	\$500.00		
Last Name Williams	First Name Natty		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0601	bution ID #	Amount of Contribution		
Residential Street Address 654 Cocody		City Abidjan		State CA	Zip Code	Date Recei				
Principal Occupation student		Name of Employer moemaker			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$50.00	\$50.00		
Last Name Berger	First Name Clifford		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0602	bution ID#	Amount of Contribution		
Residential Street Address 7 Old Round Hill Ln		City Greenwich		State CT	Zip Code 06831-2665	Date Recei				
Principal Occupation Day Trader		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	tributions 51,000.00	\$1,000.00		

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lamont For Governor								
		B. Itemized Contribu	tions fron	n Individu	ıals			
Last Name Denning	First Name Steven		MI A	Cash	contribution: X Personal Cl	neck 064	ribution ID#	Amount of Contribution
Residential Street Address 16 Khakum Dr	<u> </u>	City Greenwich		State CT	Zip Code 06831	Date Rec 04/07/		
Principal Occupation Chm. Private Equity Firm		Name of Employer General Atlantic LLC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	1
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Co	stributions \$3,500.00	\$3,500.00
Last Name Robert	First Name Roger		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 060	ribution ID #	Amount of Contribution
Residential Street Address PO Box 788		City Colfax		State CA	Zip Code 95713-0788	Date Rec 04/08/		
Principal Occupation vendor		Name of Employer vendor		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$510.00	\$500.00
Last Name Robert	First Name Roger		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 060	ribution ID #	Amount of Contribution
Residential Street Address PO Box 788		City Colfax		State CA	Zip Code 95713-0788	Date Rec 04/08/		
Principal Occupation vendor		Name of Employer vendor			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$510.00	\$10.00
Last Name Geragosian	First Name Harriet		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 060	ribution ID #	Amount of Contribution
Residential Street Address 33 Recano Rd		City New Britain		State CT	Zip Code 06053-2546	Date Rec 04/08/		
Principal Occupation REAL ESTATE BROKER		Name of Employer UNIQUE REALTY SELF EMPL	LOYED	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$10.00	\$10.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Lamont For Governor									
		B. Itemized Contributi	ions fron	ı Individu	ıals				
Last Name Warner	First Name George		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck (Contribution I	ID#	Amount of Contribution
Residential Street Address 397 Newton St		City Chestnut Hill		State MA	Zip Code 02467-2716		e Received /08/2010		
Principal Occupation architect		Name of Employer Warner + Cunningham, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contributio		\$100.00
Last Name Williams	First Name Natty		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 654 Cocody		City Abidjan		State CA	Zip Code		e Received /08/2010		
Principal Occupation student		Name of Employer moemaker			Is this contribution associa fundraising event listed in If yes, list Event #		X	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contributio	ons 0.00	\$10.00
Last Name Williams	First Name Natty		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck (Contribution I	ID#	Amount of Contribution
Residential Street Address 654 Cocody		City Abidjan		State CA	Zip Code		e Received '08/2010		
Principal Occupation student		Name of Employer moemaker			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	te Contributio	ons 0.00	\$10.00
Last Name Wernett	First Name David		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck (Contribution 1	ID#	Amount of Contribution
Residential Street Address 42 Vivian St		City Newington		State CT	Zip Code 06111-3749		e Received '09/2010		
Principal Occupation Service Manager		Name of Employer Computer Trades		•	Is this contribution associa fundraising event listed in If yes, list Event #		, <u> </u>	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contributio	ons 5.00	\$25.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Darling	Alan				Cash Money	y Order X Credit/De		0610		Contribution
Residential Street Address		City		1	State	Zip Code		ate Received		
27 Cherryfield Dr		West Har	tford		CT	06107-3363		4/10/201		
Principal Occupation		Name of Er	nployer			Is this contribution associ	iated with	a x	Yes	
part-time tutor		Capital C	Community College			fundraising event listed in If yes, list Event # 04	n Section . 282010	^{11?}	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	ıtions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 '	child of a lob	•		\$	100.00	\$50.00
government the contract is with:	First Name	Executive	Legislative	I MI		contribution:	<u> </u>	1		
Last Name Gourlay	Marion			MI	Cash	X Personal (Check	Contribution O614	on ID #	Amount of Contribution
		,			Money	y Order Credit/De	bit Card	0014		
Residential Street Address		City			State	Zip Code		ate Received		
26 Cove Rd		Old Lyme	1		СТ	06371	_	4/10/201	0	ļ
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Interior Designer		Lyllie De	sign			If yes, list Event # 04	112010	la L	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	gate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		9	\$25.00	\$25.00
government the contract is with:	First Name	Executive	Legislative	I MI		contribution:	<u> </u>	1		
Last Name Putnam	Thea			MI	Cash	X Personal C	Check	Contribution O616	on ID #	Amount of Contribution
		1			Money	y Order Credit/De	bit Card	0010		
Residential Street Address		City			State	Zip Code		ate Received		
34 River Road Dr		Essex			СТ	06426	_	4/11/201		ļ
Principal Occupation		Name of En	nployer ion Requested			Is this contribution associ fundraising event listed in		11?	Yes	
Information Requested		Inionia	ion Requested			If yes, list Event # 04	112010	la L	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$	150.00	\$150.00
government the contract is with:	First Name	Executive	Legislative	I MI	1	contribution:		1		<u> </u>
Last Name Hendel	Myron			MI	Cash	X Personal (Check	Contribution O615	on ID #	Amount of Contribution
	, , , , , , , , , , , , , , , , , , ,				Money	y Order Credit/De	bit Card	0613		
Residential Street Address		City			State	Zip Code		ate Received		
16 Strand		Waterford	d 		СТ	06385	0	4/11/201	0	ļ
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Information Requested		Informat	ion Requested			If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	100.00	\$100.00
government the contract is with:		Executive	Legislative	Т ,	res X	INO	1			1

		I. MONETARY R	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							FI	ILING E	DUE DATE
Lamont For Governor									
		B. Itemized Contribu	tions fron	ı Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution ID)#	Amount of
Schacherer	Laura			Cash Money	y Order X Credit/Deb	10	0611		Contribution
Residential Street Address		City		State	Zip Code		Received		
23 Park St Apt 8		Brooklyn		NY	11206-4516		12/2010	_	
Principal Occupation Instructor		Name of Employer Columbia			Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$10.		\$10.00
Last Name Resnevic	First Name Brian		MI	Cash	contribution: Personal Ci y Order X Credit/Deb	heck	Contribution ID) #	Amount of Contribution
Residential Street Address 95 Morgan St Apt 10H	l	City Stamford		State CT	Zip Code 06905-5474	Date	Received 12/2010		
Principal Occupation PC Technician		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye x No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$10.		\$10.00
Last Name Schoen	First Name Doug		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck	Contribution ID)#	Amount of Contribution
Residential Street Address 1111 Park Ave		City New York	•	State NY	Zip Code 10128-1234		Received 13/2010		
Principal Occupation Consultant		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Ye X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$2,000.		\$2,000.00
Last Name Blodgett	First Name Helen		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck	Contribution ID)#	Amount of Contribution
Residential Street Address 6906 Route 82		City Stanfordville	•	State NY	Zip Code 12581-5710		Received 13/2010		
Principal Occupation Interior Designer		Name of Employer none		•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye x No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis t child of a lob	byist?	Aggregate	e Contributions \$250.		\$250.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Lamont For Governor										
		B. Itemized Contribu	tions fron	ı Individu	ıals					
Last Name Dolan	First Name Patrick		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0618	ibution ID#	Amount of Contribution		
Residential Street Address 27 Patterson Ave		City Greenwich	•	State CT	Zip Code 06830-4619	Date Rece 04/13/2				
Principal Occupation attorney		Name of Employer Dechert LLP			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$2,000.00	\$2,000.00		
Last Name Palmer	First Name Bradley		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 062	ibution ID #	Amount of Contribution		
Residential Street Address 2 Greenwich Office Park		City Greenwich		State CT	Zip Code 06831-5148	Date Rece 04/13/2				
Principal Occupation Finance		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$1,000.00	\$1,000.00		
Last Name Hume	First Name Leslie		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0619	ibution ID #	Amount of Contribution		
Residential Street Address 235 Locust St		City San Francisco		State CA	Zip Code 94118-1840	Date Rece 04/14/2				
Principal Occupation None		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$1,000.00	\$1,000.00		
Last Name Norell	First Name Lars		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0620	ibution ID #	Amount of Contribution		
Residential Street Address 3 W End Ave Ste 201		City Old Greenwich		State CT	Zip Code 06870-1640	Date Rece 04/14/2				
Principal Occupation Fund Manager		Name of Employer Altus Power Management			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$1,000.00	\$1,000.00		

		I. MON	NETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Lamont For Governor										
		B. Itemiz	zed Contributi	ons from	Individu	ıals				
Last Name Newmark	First Name Amy			MI	Cash	contribution: Personal C		Contribution	n ID#	Amount of Contribution
Residential Street Address 21 Hedgerow Ln		City Greenwich			State CT	Zip Code 06831-3340		ate Received 4/14/2010		
Principal Occupation publisher		Name of Employ Chicken Sou	er p for the Soul			Is this contribution associ- fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	child of a lob	byist?	Aggre	gate Contribut \$1,0	ions 00.00	\$1,000.00
Last Name Rouhana	First Name William			MI	Cash	contribution: Personal C / Order X Credit/Del		Contribution 0622	n ID#	Amount of Contribution
Residential Street Address 21 Hedgerow Ln		City Greenwich			State CT	Zip Code 06831-3340		ate Received 4/14/2010		
Principal Occupation CEO		Name of Employ Chicken Sou	er p for the Soul		•	Is this contribution associ- fundraising event listed in If yes, list Event #		J1? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribut \$1,0	ions 00.00	\$1,000.00
Last Name Somers	First Name Nicholas			MI	Cash	contribution: Personal C		Contribution 0623	n ID#	Amount of Contribution
Residential Street Address 42 Old Church Rd		City Greenwich			State CT	Zip Code 06830-4820		ate Received 4/16/2010		
Principal Occupation Managing Partner		Name of Employ SV Investme			•	Is this contribution associ- fundraising event listed in If yes, list Event #		11? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribut \$50	ions 00.00	\$500.00
Last Name Critelli	First Name Michael			MI	Cash	contribution: Personal C Order X Credit/Del		Contribution 0625	n ID#	Amount of Contribution
Residential Street Address 39 Shields Rd		City Darien			State CT	Zip Code 06820-2531		ate Received 4/18/2010		
Principal Occupation N/A		Name of Employ	er			Is this contribution associ fundraising event listed in If yes, list Event #		J1? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribut \$1,0	ions 00.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Lamont For Governor										
		B. Itemized Contr	ributions fr	rom Individu	ıals					
Last Name Roberts	First Name Benjamin		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	0626	ion ID#	Amount of Contribution		
Residential Street Address 19 Farrell Rd		City Newtown		State CT	Zip Code 06470-1206	Date Received 04/20/201				
Principal Occupation Financial Adviser		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X 1 Executive Legislative		ontributor a lobbyis indent child of a lob Yes	byist?	Aggregate Contrib	\$25.00	\$25.00		
Last Name Weisz	First Name Robert		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	0627	ion ID#	Amount of Contribution		
Residential Street Address 125 Pecksland Rd		City Greenwich		State CT	Zip Code 06831-3651	Date Received 04/20/201				
Principal Occupation Developer		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		ontributor a lobbyis indent child of a lob Yes	byist?	Aggregate Contrib	outions ,000.00	\$2,000.00		
Last Name Ossorio	First Name Eric		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	0628	ion ID#	Amount of Contribution		
Residential Street Address PO Box 160727		City Big Sky		State MT	Zip Code 59716-0727	Date Received 04/20/201				
Principal Occupation Real Estate/Finance		Name of Employer Self Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X	No Is condepen	ontributor a lobbyis indent child of a lob Yes	byist?	Aggregate Contrib	outions 3150.00	\$150.00		
Last Name Robertson	First Name William		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	0629	ion ID#	Amount of Contribution		
Residential Street Address 300 Ridgefield Rd		City Wilton		State CT	Zip Code 06897-2329	Date Received 04/21/201				
Principal Occupation Institutional Sales		Name of Employer Lazard		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		ontributor a lobbyis indent child of a lob Yes X	byist?	Aggregate Contrib	outions 500.00	\$500.00		

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. Ito	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Gross	Sandy				Cash Money	Personal C X Credit/Del		0630		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
5 Castle Ct		Greenwic	h		СТ	06830-4001	0	4/21/201	0	
Principal Occupation		Name of En				Is this contribution associ- fundraising event listed in		J1?		
Executive Recruiter, Financial Services		Pinetum	Partners LLC			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	child of a lob	*		\$!	500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Huntress	Betsy			W	Cash Money	y Order X Personal C		0632		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
153 East Ave		New Cana	aan		СТ	06840	0	4/21/201	0	
Principal Occupation		Name of En	nployer			Is this contribution associ- fundraising event listed in		1.2	Yes	
Retired		N/A				If yes, list Event # 04.			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contrib	utions	
Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$3,	500.00	\$2,500.00
government the contract is with: Last Name	First Name	Encount		MI		contribution:	<u> </u>	Contributi	on ID#	
Simmons	Eileen				Cash	X Personal C		0633	Oli ID#	Amount of Contribution
Residential Street Address		City			State	V Order Credit/Del		ate Received		
66 Winding Ln		Greenwic	h		СТ	06831-3734		4/21/201		
Principal Occupation		Name of En	nployer		•	Is this contribution associ		a x	Yes	ĺ
Homemaker		N/A				fundraising event listed in If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of			_		child of a lob		1 385	-	500.00	\$1,000.00
government the contract is with:	<u> </u>	Executive	Legislative	<u> </u>	res X			1		
Last Name Driscoll	First Name Jane			MI A	Method of Cash	contribution: X Personal C	Check	Contributi	on ID#	Amount of Contribution
					_	y Order Credit/Del	bit Card	0631		Commodition
Residential Street Address		City			State	Zip Code		ate Received		
81 Quail Ln , PO Box 133		Hyannis F			MA	02647		4/21/201		
Principal Occupation not employed		Name of En	nployer			Is this contribution associ- fundraising event listed in		11?	Yes	
not employed				_		If yes, list Event # 04	172010	<u>a</u> L	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	gate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$1,0	00.00	\$1,000.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. Ite	mized Contributi	ons from	Individu	ıals				
Last Name Schwartz	First Name Alan			MI	Cash	contribution: X Personal C y Order Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 179 Taconic Rd		City Greenwich	1		State CT	Zip Code 06831		ate Received 4/21/2010)	
Principal Occupation Advisor		Name of Em Guggenh	ployer eim Partners			Is this contribution association fundraising event listed in If yes, list Event # 04:	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu \$1,7	tions '50.00	\$1,750.00
Last Name Seaman	First Name Nancy			MI	Cash	contribution: X Personal C y Order Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 179 Taconic Rd		City Greenwich	า		State CT	Zip Code 06831		ate Received 4/21/2010)	
Principal Occupation Real Estate Broker		Name of Em Houlihan	ployer Laurence		•	Is this contribution association fundraising event listed in If yes, list Event # 04:	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	tions '50.00	\$1,750.00
Last Name Canty	First Name Leo			MI	Cash	contribution: Personal C y Order X Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 27 Devin Way		City Windsor			State CT	Zip Code 06095-2634		ate Received)	
Principal Occupation Union Officer		Name of Em AFTCT	ployer			Is this contribution associa fundraising event listed in If yes, list Event #		_{11?} 🗀	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	gate Contribu	tions 50.00	\$50.00
Last Name Moorlach	First Name John			МІ	Cash	contribution: Personal C y Order X Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 400 E 15th Ave		City Indianola			State IA	Zip Code 50125-9711		ate Received)	
Principal Occupation Attorney		Name of Em Whitfield	ployer & Eddy, PLC		•	Is this contribution associa fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions 25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Lamont For Governor									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID#	Amount of
Coe	John			Cash Money	y Order X Credit/Deb		0638		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
57 Clapboard Ridge Rd		Greenwich		СТ	06830-3404	04	1/23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Banker		Deutsche Bank	-		If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggreg	gate Contribut	ions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$50	00.00	\$500.00
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID#	Amount of
Frick	Phil			Cash Money	y Order X Credit/Deb		0639		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
PO Box 719		Niantic		СТ	06357-0719	04	1/24/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1^1	Yes	
nurse practitioner		state of ct			_ ·	82010a	1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggreg	gate Contribut	ions	
state contractor? Is yes, indicate which branch or branches of			Î	child of a lob	•		\$10	00.00	\$100.00
government the contract is with:		Executive Legislative	+ -				1		
Last Name Bradford	First Name Bill		MI	Method of Cash	contribution:	heck	Contribution	n ID#	Amount of Contribution
Bradiora	Dill			_	y Order X Credit/Deb		0640		Contribution
Residential Street Address		City		State	Zip Code	- 1	ate Received		
118 Long Lots Rd		Westport		СТ	06880-3923	04	1/24/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		_{1?}	100	
Market Research		FRC Research Co.			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggreg	gate Contribut	ions	
state contractor? Is yes, indicate which branch or branches of		ь » П»		child of a lob	-		\$2!	50.00	\$250.00
government the contract is with:		Executive Legislative	+ -	1			<u> </u>		
Last Name Wright	First Name Peter		MI	Cash	contribution: X Personal Cl	heck	Contribution	n ID#	Amount of Contribution
				Money	y Order Credit/Deb	it Card	0647		
Residential Street Address		City		State	Zip Code	- 1	ate Received		
751 Riversville Rd		Greenwich		СТ	06831		1/26/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1? 브	Yes	
Investor		PAW Partners			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggreg	gate Contribut	ions	
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$1,00	00.00	\$1,000.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE							FII	LING DUE DATE	
Lamont For Governor									
		B. Itemized Contribu	ıtions fron	n Individu	ıals				
Last Name Herman	First Name Barry		MI E	Cash	contribution:		Contribution ID 0644	Amount of Contribution	
Residential Street Address 16 Elizabeth Rd		City Hamden		State CT	Zip Code 06514		te Received 1/26/2010		
Principal Occupation Sacred Heart University		Name of Employer University Professor			Is this contribution associa fundraising event listed in If yes, list Event #		L res		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggreg	sate Contributions \$50.0		.00
Last Name Denning	First Name Roberta		MI B	Cash	contribution: X Personal C y Order Credit/Deb		Contribution ID 0643	# Amount of Contribution	
Residential Street Address 16 Khakum Dr		City Greenwich		State CT	Zip Code 06831		te Received 4/26/2010		
Principal Occupation none		Name of Employer not employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		L res		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggreg	sate Contributions \$3,500.0		.00
Last Name Pike	First Name William		MI E	Cash	contribution: X Personal C y Order Credit/Deb		Contribution ID 0645	Amount of Contribution	
Residential Street Address 79 Indian Waters Dr		City New Canaan		State CT	Zip Code 06840		te Received 1/26/2010		
Principal Occupation none		Name of Employer not employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		L res		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	bbyist?	Aggreg	\$1,000.0		.00
Last Name Armistead	First Name Ann		MI B	Cash	contribution: X Personal C y Order Credit/Deb		Contribution ID 0646	Amount of Contribution	
Residential Street Address 375 Riverside Dr Apt 9-Aa		City New York		State NY	Zip Code 10025		te Received 4/26/2010		
Principal Occupation none		Name of Employer retired			Is this contribution associa fundraising event listed in If yes, list Event #		1 1 03		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob	byist?	Aggreg	ate Contributions \$50.0		0.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Lamont For Governor										
		B. Itemized Contrib	utions fro	m Individı	uals					
Last Name Gabelli	First Name Mario		MI	Cash	contribution: X Personal C y Order	0641	tion ID#	Amount of Contribution		
Residential Street Address 135 Field Point Cir		City Greenwich		State CT	Zip Code 06830	Date Receive 04/26/202				
Principal Occupation Gamco Inc.		Name of Employer Money Manager			Is this contribution association fundraising event listed in If yes, list Event # 041	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	obyist?	Aggregate Contril	outions ,500.00	\$3,500.00		
Last Name Jones	First Name Zachary		MI	Cash	contribution: Personal C y Order X Credit/Deb	l 0648	tion ID#	Amount of Contribution		
Residential Street Address 318 Elm St Apt A6		City New Haven		State CT	Zip Code 06511-4722	Date Receive 04/27/203				
Principal Occupation Student		Name of Employer Yale		•	Is this contribution association fundraising event listed in If yes, list Event # 042	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ributor a lobbyis ent child of a lob Yes	-	Aggregate Contril	sutions \$50.00	\$50.00		
Last Name Perez	First Name Avi		MI	Cash	contribution: Personal C y Order X Credit/Deb	l 0649	tion ID#	Amount of Contribution		
Residential Street Address 239 Bradley St		City New Haven		State CT	Zip Code 06510-1104	Date Receive 04/27/202				
Principal Occupation director		Name of Employer irisbi		•	Is this contribution association fundraising event listed in If yes, list Event # 042	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes		Aggregate Contril	outions 5100.00	\$100.00		
Last Name Stutz	First Name Trevor		MI	Cash	contribution: Personal C y Order X Credit/Deb	0650	tion ID#	Amount of Contribution		
Residential Street Address 251 Lawrence St		City New Haven		State CT	Zip Code 06511-2489	Date Receive 04/28/202				
Principal Occupation Student		Name of Employer Yale Law School		•	Is this contribution association fundraising event listed in If yes, list Event # 042	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	obyist?	Aggregate Contril	stores \$50.00	\$50.00		

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Lamont For Governor									
		B. Itemized Contributi	ions fron	Individu	ıals		•		
Last Name Kessler	First Name Jeremy		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck C	Contribution II	D#	Amount of Contribution
Residential Street Address 23 Eld St		City New Haven		State CT	Zip Code 06511-3815		Received 28/2010		
Principal Occupation Student		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate	e Contribution \$50		\$50.00
Last Name Gikow	First Name Stephen		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 23 Eld St		City New Haven		State CT	Zip Code 06511-3815		Received 28/2010		
Principal Occupation Student		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contribution \$50		\$50.00
Last Name Crawford	First Name Alison		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck C	Contribution II	D#	Amount of Contribution
Residential Street Address 111 Park St Apt 160		City New Haven		State CT	Zip Code 06511-5468		Received 28/2010		
Principal Occupation Student		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event # 042		X Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contribution \$50		\$50.00
Last Name Santiago	First Name Angel		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 57 S Water St		City New Haven		State CT	Zip Code 06519-2821		Received 28/2010		
Principal Occupation Laboratory Technician		Name of Employer New Haven Public Schools			Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1?	X Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contribution \$50		\$50.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Wylie	Robert			S	Cash Money	y Order Registration X Personal C		0663		Contribution
Residential Street Address	<u> </u>	City		<u> </u>	State	Zip Code		ate Received		1
55 Buckfield Ln		Greenwic	h		СТ	06831		4/29/2010		
Principal Occupation		Name of Er	nployer			Is this contribution associ			Yes	İ
None		N/A				fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 ~	child of a lob	*		\$3	300.00	\$300.00
Last Name	First Name			MI		contribution:		Contribution	on ID #	
Holtzberg	Chaya			Н	Cash	y Order Responsible Credit/De		0655	on id #	Amount of Contribution
Residential Street Address		City		1	State	Zip Code	D	ate Received		
488 Ellsworth Ave		New Have	en		СТ	06511	0	4/29/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ		1^	Yes	
Business Owner		ABS, Inc				fundraising event listed in If yes, list Event # 04			No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$	\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	1	Contribution	on ID #	Amount of
Sandman	Mordecha	i			Cash Money	Personal C y Order X Credit/De		0662		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
195 Colony Rd		New Have	en		СТ	06511-1680	0	4/29/2010	0	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		1^	Yes	
Manager		Deitsch I	Plastic			If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective	·	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$1	150.00	\$150.00
government the contract is with:	<u></u>	Executive	Legislative	+ -	res X			1		<u> </u>
Last Name Monroe	First Name Albert			MI	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
Homoc	Albert					y Order Credit/De		0656		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
92 Pearl St		New Have	en		СТ	06511	0	4/29/2010	0	
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in		1^	Yes	
Student		none				If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of	П	E	□ reside		child of a lob	•		9	\$25.00	\$25.00
government the contract is with:	Ш	Executive	Legislative	<u> </u>	. C	INU	1			<u> </u>

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. Itemi	ized Contributio	ons from	Individu	ıals				
Last Name Garrick	First Name Wayne			MI S	Cash	contribution: X Personal O Order Credit/De		Contribution 0657	on ID#	Amount of Contribution
Residential Street Address 291 Whitney Ave	<u> </u>	City New Haven			State CT	Zip Code 06511	D	ate Received 4/29/201		
Principal Occupation Architect		Name of Employ	yer			Is this contribution associ fundraising event listed in If yes, list Event # 04		1? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Jaynes	First Name Gerald			MI D	Cash	contribution: X Personal (Contribution 0658	on ID#	Amount of Contribution
Residential Street Address 413 Temple St		City New Haven			State CT	Zip Code 06511		ate Received 4/29/201		
Principal Occupation Economist/Professor		Name of Employ Yale Univers				Is this contribution associ fundraising event listed in If yes, list Event # 04		1? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 500.00	\$500.00
Last Name Klapper	First Name Matthew			MI	Cash	contribution: X Personal (Contribution 0659	on ID#	Amount of Contribution
Residential Street Address 76 Grand Ave		City Newark			State NJ	Zip Code 07106		ate Received 4/29/201		
Principal Occupation student		Name of Employ	yer			Is this contribution associ fundraising event listed in If yes, list Event # 04	n Section J	1? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00
Last Name Iftimie	First Name Alex			MI	Cash	contribution: X Personal C Order Credit/De		Contribution 0660	on ID#	Amount of Contribution
Residential Street Address 111 Park St Apt 10U		City New Haven			State CT	Zip Code 06511		ate Received 4/29/201		
Principal Occupation Student		Name of Employ	yer			Is this contribution associ fundraising event listed in If yes, list Event # 04	n Section J	1? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	tions \$25.00	\$25.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contributi	ons fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Rodriguez	Paul				Cash Money	y Order Personal C		0661		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
61 Clifton Ter		Weehawk	en		NJ	07086	0	4/29/201	0	
Principal Occupation Associate		Name of Er	nployer Thacher & Bartlett I	I P	•	Is this contribution association fundraising event listed in			Yes	
Associate						If yes, list Event # 042	282010	la L	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis	byist?	Aggre	gate Contribu	utions \$50.00	\$50.00
government the contract is with:		Executive	Legislative	L \	res X	No	<u> </u>			
Last Name Blank	First Name Karen			MI	Cash	contribution: Personal C y Order X Credit/Det		Contribution 0666	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		1
261 Ridgewood Rd		West Har	tford		CT	06107-3510	1	4/30/201		
Principal Occupation		Name of En	nployer		•	Is this contribution associa	ated with	a x	Yes	†
Psychiatrist		Hartford	Hospital			fundraising event listed in If yes, list Event # 042		11?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	utions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Friday	Sandra				Cash Money	y Order		0667		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
44 Gordon St		Hamden			СТ	06517-2009	0	4/30/201	0	
Principal Occupation		Name of En				Is this contribution association fundraising event listed in			Yes	
teacher		City of N	ew Haven			If yes, list Event #	section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		5	\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Pepin	David				Cash Money	y Order X Credit/Deb		0665		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
42 Laurel Dr		Willington	1		СТ	06279-2247	0	4/30/201	0	1
Principal Occupation		Name of Er	nployer			Is this contribution association fundraising event listed in			Yes	
Venture Investing		Self				If yes, list Event #	. Jeeuon .	x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	gate Contribu	utions	Ì
state contractor? Is yes, indicate which branch or branches of		P 2	□	dependent	child of a lob	-		\$!	550.00	\$250.00
government the contract is with:	니	Executive	Legislative	ТП	es	No				<u> </u>

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Blattman	Eric				Cash Money	y Order X Personal C		0664		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
20 Marshall St		Norwalk			СТ	06854	0	4/30/2010	0	
Principal Occupation Portfolio Manager		Name of Er Maple Ro				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu \$5	utions 500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
McShane	Kevin				Cash Money	y Order Resonal C		0669		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1145 Cook St		Denver			со	80206-3403	0	5/01/2010	0	
Principal Occupation		Name of E	nployer		•	Is this contribution associ			Yes	
Registered Nurse		Universi	ty Hospital			fundraising event listed in If yes, list Event #	Section .	11?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu	itions \$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Myerson	Amy				Cash Money	y Order X Credit/De		0668		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
523 S Main St		West Har	tford		СТ	06110-1756	0	5/01/2010	0	
Principal Occupation		Name of E	mployer			Is this contribution associ		a x	Yes	
grant writer		Wheeler	Clinic			fundraising event listed in If yes, list Event # 04			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of			_		child of a lob	-		-	\$50.00	\$50.00
government the contract is with:	<u>. </u>	Executive	Legislative	<u> </u>	res X	No				
Last Name	First Name			MI		contribution:		Contribution	on ID#	Amount of
Feinstein	Veronica				Cash Money	y Order X Credit/De		0672		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
71 Strawberry Hill Ave Apt 908		Stamford	l		СТ	06902-2711	0	5/03/2010	0	
Principal Occupation Legal Assistant		Name of Er Law Offi	nployer ce of George H. Web	oer		Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	ıtions	†
state contractor? Is yes, indicate which branch or branches of	_		_	dependent	child of a lob	bbyist?]	-	\$10.00	\$10.00
government the contract is with:	Ш	Executive	Legislative	<i>\</i>	res X	No				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Lamont For Governor									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Evans	First Name Shel		MI	Cash	contribution: Personal C		Contribution I	ID#	Amount of Contribution
Residential Street Address 114 Glenwood Dr		City Greenwich		State CT	Zip Code 06830-7015		ate Received 5/03/2010		
Principal Occupation Chairman		Name of Employer CRANE			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggre	gate Contributio		\$3,500.00
Last Name Evans	First Name Susan		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 114 Glenwood Dr		City Greenwich		State CT	Zip Code 06830-7015		ate Received 5/03/2010		
Principal Occupation Housewife		Name of Employer Housewife		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contributio		\$3,500.00
Last Name Coll	First Name Leslie		MI	Cash	contribution: X Personal C		Contribution I	ID#	Amount of Contribution
Residential Street Address 44 Oxford St		City Hartford		State CT	Zip Code 06105-2914		ate Received 5/04/2010		
Principal Occupation Realtor		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event #		1 1 3	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution	ons 5.00	\$25.00
Last Name Singletary	First Name Nnamdi		MI	Cash	contribution: X Personal C		Contribution I	ID#	Amount of Contribution
Residential Street Address 435 Campfield Ave		City Hartford		State CT	Zip Code 06114		ate Received 5/04/2010		
Principal Occupation Information Requested		Name of Employer Information Requested		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob	byist?	Aggre	gate Contribution	ons 5.00	\$25.00

		I. MC	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Lamont For Governor										
		B. Iten	nized Contributi	ons from	Individu	ıals		•		
Last Name Gucker	First Name Kenneth			MI M	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0684	ı ID#	Amount of Contribution
Residential Street Address 89 Padanaram Rd		City Danbury			State CT	Zip Code 06811		Date Received 15/04/2010		
Principal Occupation Self-Employed		Name of Empl Self	oyer			Is this contribution associ fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	child of a lob	byist?	Aggre	egate Contributi \$5	ions 50.00	\$50.00
Last Name Bailey	First Name James			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 0673	n ID#	Amount of Contribution
Residential Street Address 4303 Oak Hill Dr		City Annandale			State VA	Zip Code 22003-3422		Pate Received 05/04/2010		
Principal Occupation Lawyer		Name of Empl Self	oyer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contributi \$25	ions 50.00	\$250.00
Last Name Salner	First Name Matt			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0674	ı ID#	Amount of Contribution
Residential Street Address 1250 Farmington Ave Apt C-12		City West Hartfo	ord		State CT	Zip Code 06107		Pate Received 15/04/2010		
Principal Occupation Information Requested		Name of Empl Information	^{oyer} n Requested			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contributi \$2	ions 25.00	\$25.00
Last Name Rao	First Name Keshav			MI R	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0675	n ID#	Amount of Contribution
Residential Street Address 88 Thompson Rd		City Avon			State CT	Zip Code 06001		Date Received 05/04/2010		
Principal Occupation Information Requested		Name of Empl Information	_{oyer} n Requested			Is this contribution associ fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contributi \$10	ions 00.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Lamont For Governor									
		B. Itemized Contributi	ions fron	ı Individu	ıals		•		
Last Name Brown	First Name Timothy		MI	Cash	contribution: X Personal C		Contribution II	D#	Amount of Contribution
Residential Street Address 90 Uplands Dr		City West Hartford		State CT	Zip Code 06107		te Received 5/04/2010		
Principal Occupation Manager		Name of Employer Nestle Waters North America	1		Is this contribution associa fundraising event listed in If yes, list Event #		Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribution \$50	ns 0.00	\$50.00
Last Name Neelakantiah	First Name Bangalore	e	MI P	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 5 Turnberry Rd		City Wallingford		State CT	Zip Code 06492		nte Received 5/04/2010		
Principal Occupation Information Requested		Name of Employer Information Requested		•	Is this contribution associa fundraising event listed in If yes, list Event #		Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribution \$50	ns 0.00	\$50.00
Last Name Nagarkatti	First Name Durgesh		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 1968 Astwy Ave		City West Hartford		State CT	Zip Code 06117		nte Received 5/04/2010		
Principal Occupation Information Requested		Name of Employer Information Requested			Is this contribution associa fundraising event listed in If yes, list Event #		Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribution \$50	ns 0.00	\$50.00
Last Name Mansoor	First Name Reza		MI	x Cash	contribution: Personal Ci y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 75 Kirkwood Rd		City West Hartford		State CT	Zip Code 06117		ate Received		
Principal Occupation Doctor		Name of Employer Hartford Hospital			Is this contribution associa fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggreg	gate Contribution \$25	ns 5.00	\$25.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Cohen	Elliot			W	Cash Money	y Order Registration X Personal (0685		Contribution
Residential Street Address	1	City		-	State	Zip Code	Е	Date Received		1
30 Grinswold Dr		Kensingto	on		СТ	06037	0	5/04/201	0	
Principal Occupation		Name of Er	mployer		1	Is this contribution assoc	iated with	а	Yes	†
Information Requested		Informat	ion Requested			fundraising event listed in If yes, list Event #	n Section .	J1? x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 ~	t child of a lob Yes	•		:	\$50.00	\$50.00
government the contract is with: Last Name	First Name	Executive	Degisianve	I MI		contribution:	<u> </u>		ID #	<u> </u>
Saegaert	Marc			F	Cash	X Personal		Contributi 0686	on ID#	Amount of Contribution
		1			Money	y Order Credit/De		ļ		
Residential Street Address		City	+fo.ud		State CT	Zip Code		Date Received		
298 S Main St		West Har			CI	06107				†
Principal Occupation Information Requested		Name of Er Informat	nployer tion Requested			Is this contribution assoc fundraising event listed in		J1?	Yes	
Information Requested				_		If yes, list Event #		Ľ	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	-		:	\$50.00	\$50.00
government the contract is with: Last Name	First Name		дедилите	MI		contribution:	1		ID //	<u> </u>
Braverman	Mara			1411	Cash	x Personal	Check	Contributi 0688	on ID#	Amount of Contribution
		1			Money	y Order Credit/De	bit Card	0000		
Residential Street Address		City			State	Zip Code		ate Received		
20 Lancaster Rd		West Har	tford		СТ	06119		05/04/201	<u> </u>	+
Principal Occupation		Name of Er	nployer tion Requested			Is this contribution assoc fundraising event listed in		_{J1?} L	_	
Information Requested		Imorma	ion Requested			If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	, I ,	Aggre	egate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Tes	-		:	\$15.00	\$15.00
government the contract is with:	<u></u>	Executive	Legislative	+	1			1		<u> </u>
Last Name Horgan	First Name Patricia			MI A	Method of Cash	contribution: X Personal	Check	Contributi	on ID#	Amount of Contribution
. 5.						y Order Credit/De	bit Card	0689		
Residential Street Address		City			State	Zip Code	Е	ate Received		
45 Riggs Ave		West Har	tford		СТ	06107	0	5/04/201	0	1
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in			Yes	
Information Requested		Informat	cion Requested			If yes, list Event #	Dection .	×	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of					t child of a lob	•		-	\$50.00	\$50.00
government the contract is with:		Executive	Legislative	Y	res X	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Lamont For Governor									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Horgan	First Name Denis		MI	X Cash	contribution: Personal Cr y Order Credit/Debi	eck	Contribution II	D#	Amount of Contribution
Residential Street Address 45 Riggs Ave		City West Hartford		State CT	Zip Code 06107		Received 04/2010		
Principal Occupation Information Requested		Name of Employer Information Requested			Is this contribution associate fundraising event listed in St. If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions		\$50.00
Last Name Jensen	First Name Carsten		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	eck	Contribution IE	D#	Amount of Contribution
Residential Street Address 39 Hidden Brook Rd		City Riverside		State CT	Zip Code 06878		Received 04/2010		
Principal Occupation Consultant		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	e Contribution: \$250		\$250.00
Last Name Woodiel	First Name Flo		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck	Contribution IE	D#	Amount of Contribution
Residential Street Address 65 Linbrook Rd		City West Hartford		State CT	Zip Code 06107-1228		Received 04/2010		
Principal Occupation retired		Name of Employer retired			Is this contribution associate fundraising event listed in St. If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions		\$25.00
Last Name Milne	First Name Douglas		MI D	Cash	contribution: X Personal Characteristics y Order Credit/Debi	eck	Contribution IE	D#	Amount of Contribution
Residential Street Address 100 Christie Hill Rd		City Darien		State CT	Zip Code 06820		Received 05/2010		
Principal Occupation real estate		Name of Employer self			Is this contribution associat fundraising event listed in S If yes, list Event #		X No	es Io	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	\$2,000		\$2,000.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contributi	ions from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Ballette	Ken				Cash Money	y Order		0692		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		1
30 Spring Ln		West Ha	tford		СТ	06107	0	5/05/2010	0	
Principal Occupation		Name of E	mployer		•	Is this contribution associa			Yes	Î
Computer System Developer		Staet De	ept Soc Services	_		fundraising event listed in If yes, list Event #	Section .	11?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	I -	t child of a lob Tes	•		9	\$50.00	\$50.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	<u>Тмі</u>		contribution:	<u> </u>	1	"	
Kiracofe	Clifford			IVII	Cash	Personal C	heck	Contribution 0694	on ID#	Amount of Contribution
					Money	y Order X Credit/Deb	oit Card	0034		
Residential Street Address		City			State	Zip Code		ate Received		
8 Parry Ln		Lexingto	n ————————————————————————————————————		VA	24450-2506	_	5/06/2010	0	<u> </u>
Principal Occupation		Name of E	mployer			Is this contribution association fundraising event listed in		J1?	Yes	
Educator		VMI				If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		F	Legislative		t child of a lob Yes	-		9	\$25.00	\$25.00
government the contract is with:		Executive	Legislative	+-			<u> </u>	1		<u> </u>
Last Name Resnevic	First Name Brian			MI	Method of Cash	contribution: Personal C	heck	Contribution	on ID#	Amount of Contribution
Resilevie	Brian	_				y Order X Credit/Deb	oit Card	0693		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
95 Morgan St Apt 10H		Stamford	1		СТ	06905-5474	0	5/06/2010	0	1
Principal Occupation		Name of E	mployer			Is this contribution association fundraising event listed in			Yes	
PC Technician		None				If yes, list Event #	Section :	x	No	
Is contributor a principal of a state contractor	or prospective	I .	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	gate Contribu	utions	İ
state contractor? Is yes, indicate which branch or branches of				I -	t child of a lob	•		-	\$35.00	\$25.00
government the contract is with:	<u>. </u>	Executive	Legislative	L 1	res X	No		1		
Last Name	First Name			MI		contribution:	'hoole	Contribution	on ID#	Amount of
Westgate	Robert				Cash Money	y Order X Credit/Deb		0695		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
85 River Rd # C7		Essex			СТ	06426-1334	0	5/07/2010	0	1
Principal Occupation		Name of E	mployer			Is this contribution association fundraising event listed in			Yes	
Retired		Retired				If yes, list Event #	Section .	x	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggra	gate Contribu	utions	t
state contractor? Is yes, indicate which branch or branches of				dependent	t child of a lob	byist?	Aggie	-	\$50.00	\$50.00
government the contract is with:	Ш	Executive	Legislative	L 1	res x	No				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Sheth	Nandan				Cash	y Order X Credit/Del		0696		Contribution
Desidential Charact Address		City						ate Received		†
Residential Street Address 104 Chesterfield Ct SE		City Smyrna			State	Zip Code 30080-5524	1	5/07/201		
Principal Occupation		Name of Er	nnlover			Is this contribution associa	ated with	а Г	Yes	†
President & COO		Acculynk				fundraising event listed in	Section .	11? L	No No	
						If yes, list Event #			<u>.</u> 100	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	gate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 ⁻	res x	•		\$3,	500.00	\$3,500.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributi	on ID #	Amount of
Dillon	Anthony				Cash	Personal C		0697	011 12 11	Contribution
		ı				y Order x Credit/Del				
Residential Street Address 1935 Thornwood Ave		City Wilmette			State IL	Zip Code 60091-1402	1	ate Received 5/07/201		
					111	Is this contribution associa				†
Principal Occupation Exec		Name of Er				fundraising event listed in		J1?	Yes	
						If yes, list Event #	_	L	No	1
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contrib	utions	
Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$!	500.00	\$500.00
government the contract is with: Last Name	First Name	Z.Keeun ve		I MI		contribution:	<u> </u>		ID //	1
Lockhart	Eugene			IVII	Cash	Personal C	Check	Contributi 0698	on ID#	Amount of Contribution
					Money	y Order X Credit/Del	oit Card	0090		
Residential Street Address		City			State	Zip Code	1	ate Received		
PO Box 489 Oak Hill Farm		Keswick			VA	22947-0489	0	5/09/201	0	1
Principal Occupation		Name of En				Is this contribution association fundraising event listed in		J1?	Yes	
Venture Partner		Oak Inve	estment Partners			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	500.00	\$3,500.00
government the contract is with:		Executive	Legislative	L \	res X	No		1		
Last Name Scheer	First Name David			MI	Method of Cash	contribution:	`heck	Contributi	on ID#	Amount of
Scrieer	David					y Order X Credit/Det		0699		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		1
2 Spring Rock Rd		Branford			СТ	06405-5520	0	5/10/201	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associa			Yes	
president		Scheer a	nd co			fundraising event listed in If yes, list Event #	Section .)1? x	No	
Is contributor a principal of a state contractor	or prospective	I	Yes X No	Ic contrib	utor a lobbyis	-	Ι.	. 6		†
state contractor?	o. prospective		Yes X No		child of a lob	byist?	Aggre	gate Contrib	utions 500.00	\$2,500.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		Ψ-/-		72,555.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILI	NG DUE DATE		
Lamont For Governor										
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name Seidelmann	First Name Scott		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0	Contribution ID #	Amount of Contribution		
Residential Street Address 2873 N Park Blvd		City Cleveland Heights		State OH	Zip Code 44118-4030		Received .0/2010			
Principal Occupation Healthcare Services		Name of Employer Radisphere Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$250.00	\$250.00		
Last Name Ceranowicz	First Name Eva		MI B	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0	ontribution ID #	Amount of Contribution		
Residential Street Address 3377 Phelps Rd		City West Suffield		State CT	Zip Code 06093		Received .1/2010			
Principal Occupation Information Requested		Name of Employer Bloomfield Animal Hospital		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$25.00	\$25.00		
Last Name Wakefield	First Name Andrew		MI E	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0	Contribution ID #	Amount of Contribution		
Residential Street Address 3377 Phelps Rd		City West Suffield		State CT	Zip Code 06093		Received .1/2010			
Principal Occupation Information Requested		Name of Employer Connecticut Neurosurgery & Assoc., LLC	Spine	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$25.00	\$25.00		
Last Name Cabot	First Name Linda		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0	ontribution ID #	Amount of Contribution		
Residential Street Address 185 Westfield St		City Westwood		State MA	Zip Code 02090-1065		Received .2/2010			
Principal Occupation Artist		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$3,500.00	\$3,500.00		

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Park	Edward				Cash	Personal C y Order X Credit/Del		0702		Contribution
										
Residential Street Address 58 Webster St		City Newton			State MA	Zip Code 02465-1819	1	ate Received 5/13/201		
					I I'IA	Is this contribution associa				
Principal Occupation Chief Technology Officer		Name of Er athenahe				fundraising event listed in		J1?	Yes	
Cilier reciliology Officer		derronan				If yes, list Event #		L×	No	
Is contributor a principal of a state contractor or	prospective		Yes X No		utor a lobbyis		Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of			П	1 ~	child of a lob	,		\$1,0	00.00	\$1,000.00
government the contract is with:		Executive	Legislative	L Y	res X		<u> </u>	1		<u> </u>
	First Name Stuart			MI	Method of Cash	contribution:	`heck	Contributi	on ID#	Amount of Contribution
Tidivey	Stuart					y Order X Credit/Det		0705		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
4503 Edina Blvd		Edina			MN	55424-1135	0	5/13/201	0	
Principal Occupation		Name of Er	nployer		-	Is this contribution associa			Yes	
CEO		Elavon				fundraising event listed in If yes, list Event #	Section 3	^{11?}	No	
T			Yes X No			-	ī			
Is contributor a principal of a state contractor or state contractor?	prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	gate Contrib	ations 500.00	\$500.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		φ.	300.00	\$300.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
King-Shaw Jr.	Ruben				Cash	Personal C x Credit/Del		0706		Contribution
Residential Street Address 135 Nathan Ln		City Carlisle			State MA	Zip Code 01741-1340		ate Received 5/13/201		
					111/4	Is this contribution associa				
Principal Occupation CEO		Name of Er	nployer EQUITY PARTNERS			fundraising event listed in		J1?	Yes	
525						If yes, list Event #		L	No	
Is contributor a principal of a state contractor or	prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$3,	500.00	\$3,500.00
government the contract is with:		Executive	Legislative	+ -	I		<u> </u>	1		
	First Name Owen			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Cilineid	Owen					y Order X Credit/Del		0704		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
6 Ledge Rd		Old Gree	nwich		СТ	06870-2320	0	5/13/201	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution associa			Yes	
Investments		Hamilton	Robinson LLC			fundraising event listed in If yes, list Event #	Section .	11? x	No	
				1.		-	1			
Is contributor a principal of a state contractor or state contractor?	prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	gate Contrib		#3 000 00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	□ Y	res x	No	\perp	\$3,: 	500.00	\$2,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Lamont For Governor										
		B. Itemized Contribut	tions fron	ı Individu	ıals					
Last Name Chu	First Name Michael		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 07	ntribution ID #	Amount of Contribution		
Residential Street Address 711 West Rd		City New Canaan	'	State CT	Zip Code 06840-2518	Date Re 05/13	eceived 3/2010]		
Principal Occupation Private Equity		Name of Employer Catterton Partners			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyist child of a lob	byist?	Aggregate C	Contributions \$2,250.00	\$2,000.00		
Last Name patricelli	First Name susan		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 07	ntribution ID #	Amount of Contribution		
Residential Street Address 44 Scott Dr		City Bloomfield		State CT	Zip Code 06002-3018	Date Re 05/14	eceived 1/2010			
Principal Occupation Retired		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$50.00	\$25.00		
Last Name Seidelmann	First Name Frank		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 07	ntribution ID #	Amount of Contribution		
Residential Street Address 15650 Cothelstone Ln		City Chagrin Falls		State OH	Zip Code 44022-3800	Date Re 05/14	eceived 1/2010			
Principal Occupation radiologist		Name of Employer RadiSphere			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$1,000.00	\$1,000.00		
Last Name Reef	First Name Rodman		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 07	ntribution ID #	Amount of Contribution		
Residential Street Address 218 Larchmont Ave		City Larchmont		State NY	Zip Code 10538-2823	Date Re 05/17	eceived 7/2010			
Principal Occupation Banking Consultant		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00		

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Torres	Jason				Cash Money	Personal y Order X Credit/De		0710		Contribution
Residential Street Address		City		•	State	Zip Code	Е	ate Received		
266 Barrow St		Jersey Cit	ty		NJ	07302-4026	0	5/17/201	0	
Principal Occupation Investor		Name of En Mansa E	nployer quity Partners			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	itions 500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID #	Amount of
Кпарр	Elise				Cash Money	y Order Personal Credit/De		0712		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
309 St Ronan St .,		New Have	en		СТ	06511	0	5/17/201	0	
Principal Occupation		Name of En	nployer		•	Is this contribution assoc			Yes	
Information Requested		Informat	ion Requested			fundraising event listed i If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	bbyist?	Aggre	egate Contribu	itions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Singer	David				Cash Money	Personal y Order X Credit/De		0713		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
59 Presidio Blvd		San Fran	cisco		CA	94129-1175	0	5/17/201	0	
Principal Occupation Ltd. Partner		Name of En				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
				1			1		_	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$1,0	ons 000.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID #	
Purcell	Thomas			J	Cash	x Personal y Order Credit/De		0711	on id #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
18 Stone Rd		Burlingto	n		СТ	06013	0	5/17/201	0	
Principal Occupation		Name of En	nployer		•	Is this contribution assoc			Yes	
Retired		Retired				fundraising event listed i If yes, list Event #	n Section .)1?	No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent Y		-		9	\$50.00	\$50.00
no reminent the contract is with.										1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Lamont For Governor										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Deed	First Name Kenneth		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 07	ntribution ID #	Amount of Contribution		
Residential Street Address 657 Heritage Vlg # A		City Southbury		State CT	Zip Code 06488-1548	Date Re 05/20	eceived 0/2010			
Principal Occupation none		Name of Employer none			Is this contribution associate fundraising event listed in the street If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.20	\$50.20		
Last Name Buzby	First Name David		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 07	ntribution ID #	Amount of Contribution		
Residential Street Address 1373 3rd Ave		City San Francisco		State CA	Zip Code 94122-2718	Date Re 05/20	eceived 0/2010			
Principal Occupation investor		Name of Employer Reid Industries		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.00	\$100.00		
Last Name Fitzpatrick	First Name Kathryn		MI H	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 07	ntribution ID #	Amount of Contribution		
Residential Street Address 10110 Hampton Rd		City Fairfax Station		State VA	Zip Code 22039-2754	Date Re 05/20	eceived 0/2010			
Principal Occupation retired		Name of Employer N/A			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$20.00	\$20.00		
Last Name Colin	First Name Stevan		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 07	ntribution ID #	Amount of Contribution		
Residential Street Address 801 Pacific Ave		City Long Beach		State CA	Zip Code 90813-4225	Date Re 05/20	eceived 0/2010			
Principal Occupation Attorney		Name of Employer Gabriel & Associates			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate C	Contributions \$10.00	\$10.00		

		I. MON	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor										
		B. Itemiz	ed Contributi	ons from	Individu	ıals				
Last Name Offenbach	First Name Russell			MI	Cash	contribution: Personal of y Order X Credit/De		Contributi 0719	on ID#	Amount of Contribution
Residential Street Address 3402 W Carrington St		City Tampa			State FL	Zip Code 33611-2732		oate Received		
Principal Occupation freelance voice talent		Name of Employe	er			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contrib	ations \$25.00	\$25.00
Last Name Darrell	First Name Norris			MI	Cash	contribution: Personal (y Order X Credit/De		Contributi 0718	on ID#	Amount of Contribution
Residential Street Address 44 Walnut Tree Ln		City Cold Spring H	arbor		State NY	Zip Code 11724-1202		ate Received		
Principal Occupation Retired		Name of Employe	er		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	ations 350.00	\$1,000.00
Last Name Moorlach	First Name Robert			MI M	Cash	contribution: X Personal C y Order Credit/De		Contributi 0721	on ID#	Amount of Contribution
Residential Street Address 13400 Spring Villa Ct Apt 114		City Louisville			State KY	Zip Code 40245		oate Received 5/24/201		
Principal Occupation Information Requested		Name of Employe Information F				Is this contribution associ fundraising event listed in If yes, list Event #		_{J12} _	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contrib	ations \$25.00	\$25.00
Last Name Rozel	First Name Jeanne			MI	Cash	contribution: Personal (y Order X Credit/De		Contributi 0720	on ID#	Amount of Contribution
Residential Street Address 207 Park St		City New Canaan			State CT	Zip Code 06840-5705		ate Received		
Principal Occupation Realtor		Name of Employe Halstead Prop				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribi	utions 450.00	\$200.00

		I. MONETARY	RECEIP	TS (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Lamont For Governor									
		B. Itemized Contrib	outions fro	om Individu	ıals				
Last Name Anderson	First Name Kathleen		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 5 Bradley Rd		City Burlington		State CT	Zip Code 06013-2206	- 1	ate Received 5/25/2010		
Principal Occupation Information Requested		Name of Employer Information Requested		-	Is this contribution association fundraising event listed in If yes, list Event #		LII	es Io	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		tributor a lobbyis dent child of a lob Yes	byist?	Aggreg	gate Contribution \$25	1	\$25.00
Last Name Shapiro	First Name Robin		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 545 W End Ave Apt 11E		City New York		State NY	Zip Code 10024	- 1	ate Received 5/25/2010		
Principal Occupation Information Requested		Name of Employer Information Requested		•	Is this contribution associa fundraising event listed in If yes, list Event #		LII	'es Io	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		tributor a lobbyis dent child of a lob Yes	byist?	Aggreg	gate Contribution \$150	1	\$150.00
Last Name Donley	First Name Joseph		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 78 Allendale Dr		City Rye	•	State NY	Zip Code 10580	- 1	ate Received 5/25/2010		
Principal Occupation Information Requested		Name of Employer Information Requested			Is this contribution associa fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		tributor a lobbyis dent child of a lob Yes	bbyist?	Aggreg	gate Contribution \$150		\$150.00
Last Name Kaminsky	First Name Steve		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 15 Kimberly Ct		City Ridgefield		State CT	Zip Code 06877-2900		ate Received 5/25/2010		
Principal Occupation Finance		Name of Employer Radisphere			Is this contribution associa fundraising event listed in If yes, list Event #			1	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		tributor a lobbyis dent child of a lob	byist?	Aggreg	gate Contribution \$1,000		\$1,000.00

I. MONETARY RE	CEIPTS (Section	on A-I)			
				FILING	DUE DATE
B. Itemized Contributi	ions from Individ	uals			
	MI Method of	f contribution:	Contributio	on ID#	Amount of
d	· · · -		0722		Contribution
City Burlington	State CT	Zip Code 06013	Date Received 05/25/2010		
Name of Employer		Is this contribution associa	ited with a	1 _v	
Information Requested			Section J1?	_	
e Yes X No			1		\$25.00
Executive Legislative	Yes X	No		\$25.00	\$25.00
				on ID#	Amount of
			0728		Contribution
City	State	Zip Code	Date Received		
New Haven	СТ	06515-2243	05/26/2010)	
Name of Employer				Yes	
yale university		If yes, list Event #	x	No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					
Executive Legislative		- '	\$1	100.00	\$100.00
	1 1—			on ID#	Amount of
	· · · -	=	l 0729		Contribution
City	State	Zip Code	Date Received		
Warwick	NY	10990-3311	05/26/2010)	
Name of Employer			Section J1?		
Mercy Corps		If yes, list Event #	<u> x</u>	No	
e Yes X No			Aggregate Contribu	itions	
Executive Legislative			\$1	100.00	\$100.00
	1		Contributio	on ID#	Amount of
			0727		Contribution
City	State	Zip Code			
Middletown	СТ	+		<u> </u>	
Name of Employer		1	Section J1?		
Westeyan		If yes, list Event #	<u> x</u>	No	
e Yes X No			Aggregate Contribu	itions	
Executive Legislative		- '	4	20.00	\$10.00
	<u> </u>		Total of S	Section R	\$86,520.20
FROM INDIVIDUALS	(Sections A & F		of Summary Page)		\$86,520.20
	B. Itemized Contribut Tod City Burlington Name of Employer Information Requested The line of Employer Yes No Executive Legislative The line of Employer Yes No Executive Legislative The line of Employer Yes No Executive Legislative The line of Employer Wercy Corps The line of Employer Wercy Corps The line of Employer Wercy Legislative The line of Employer Wercy Legislative The line of Employer Wercy Legislative The line of Employer Wercy Legislative The line of Employer Wercy Legislative The line of Employer Wesleyan The line of Employer Wesleyan The line of Employer Wesleyan The line of Employer Wesleyan The line of Employer Wesleyan The line of Employer Wesleyan	B. Itemized Contributions from Individed MI	City State Zip Code If yes, list Event # Personal C Credit/Deb	B. Itemized Contributions from Individuals MI	B. Itemized Contributions from Individuals MI

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	DUE DATE
Lamont For Governor								
C1. Contributions from Other Committees								
Name of Committee					Name of Treasurer			
Address Is this contribution associated with a Yes If yes, list Event fundraising event listed in Section J1? No				#	Amount of Contribution			
City	State	Zip	Code	Date Received Aggregate Contributions				
Total of Section C1								

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE				FILIN	NG DUE DATE		
Lamont For Governor							
C2. Reimbursements or Payments from other Committees							
Name of Committee			Name of Treasurer				
Address			Date Received		Amount of Receipt		
City	State	Zip Code	Reimbursement for shared expense				
			Payment for goods and services				
Total of Section C2							

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE					FILING	DUE DATE				
Lamont For Governor										
	D. Loans Received this Period									
Name of Lender		_		Source of Loan:	Is there a cosigner or Guarantor of	Amount Received				
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes					
Name of Cosigner/Guarantor	Other Committee									
Street Address	City	State	Zip Code	Date Received						
	Total of Section D									

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE				FILING DUE DATE				
Lamont For Governor								
E. Personal Funds of the Candidate Received this Period								
Date Received 04/05/2010	Amount \$1,000,000.00	Method of Payment Cash	Personal Check	Credit/Debit Card				
Date Received 05/11/2010	Amount \$600,000.00	Method of Payment Cash	Personal Check	Credit/Debit Card				
			Total of	f Section E \$1,600,000.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTE	FILING DUE DATE							
Lamont For Governor								
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount			

I. Monetary Receipts (Section A-I)								
NAME OF COMMITTEE	FILI	NG DUE DATE						
Lamont For Governor								
G. Interest from Deposits in Authorized Accounts								
Name of Institution		Date Received				Total Amount Received		
Street Address	City	State	Zip Code		•			
Total of Section G								

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE	FILING DUE DATE							
Lamont For Governor								
H. Public Grant Funds Received from the Citizen's Election Fund								
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount					
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election							
		Total of Section	н					

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE				FILI	NG DUE DATE		
Lamont For Governor							
I. Miscellaneous Monetary Receipts not Considered Contributions							
			Date of Transaction		Amount Received		
Street Address PO Box 9003	City Addison	State Zip Code TX 75001					
Description Redemption Credit					\$200.00		
Name Priceless and Rent A Wreck			saction		Amount Received		
Street Address 925 Foxon Rd	City East Haven	State CT	Zip Code 06513-1842				
Description Partial Refund					\$90.00		
			Total of Sect	tion I	\$290.00		

	II. FUNDRAISING EVENT ACTIVITY									
NAME OF						FILING	DUE !	DATE		
COMMITTEE Lamont For Govern	nor									
J1. Fundraising Event Information										
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code		
Was this fundraising event he	osted at a personal residence?		Yes		No					
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No					
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	1	No					

II. FUNDRAISING EVENT ACTIVITY								
NAME OF COMMITTEE						FILING	G DUE DATE	
Lamont For Governor								
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items								
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment: Cash Per	it Card	Aggregate Amount of Purchases			
Residential Street Address	City	State	e Zip Code Date Received Event					
Items Purchased					•			
Total of Section J2								

II. FUNDRAISING EVENT ACTIVITY								
NAME OF COMMITTEE							FILING	G DUE DATE
Lamont For Governor								
J3. In-Ki	nd Donations Not Considered Contributi	ions						
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation
Street Address	City		State	Zip	Code	Aggregate value for this even		
Description of Donation		Date F	Receive	ed	Event #			
						Total of Se	ction J3	

	III.	NON	IMO	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING 1	DUE DATE
Lamont For Governor									
	K.	In-K	ind (Contributions					
Name							Date Receive	ed	Fair Market Value of this Contribution
Street Address		(City		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches of government the contract is with:		ospective state Execu		Yes No Legislative	
Is this contribution associated with a fundr listed in Section J1? If yes, list Event#	raising event	Yes No	Des	cription of In-Kind Contribution			Aggregate contr	ibutions	
							Total of	Section V	

III. Non Monetary Receipts												
NAME OF COMMITTEE	FILING DUE DATE											
Lamont For Governor												
L. Refundable Deposit to Telephone Company												
Last Name (Individuals Only)	First Name				MI Date		Date Received		Amount of Deposit			
Street Address	City		State	Zip Code								
Name of Telephone company												
Street Address	City				State	Zip Code						
					-	Total of Section	L					

III. NONMONETARY RECEIPTS												
NAME OF COMMITTEE				FILING DUE DATE								
Lamont For Governor												
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee												
Name of Committee	Name of Treasurer											
Street Address			Date Notice Received	Fair Market Value of Donation								
City	State	Zip Code	Aggregate Donations									
Description of Donation		Purpose of Expenditure A B	C D	Е								
			Total of Section	м								

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Comm	ittee					
Name of Payee Blue State Digital				Date of Payment 04/01/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1052	d	
734 15th St NW Ste 1200	Washington	DC	20005	WEB	Debit Car	ra	
Description Web Site					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) !	Name		Office Sought	<u> </u>		
X No							\$3,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Campaign Group			1	04/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	wire_		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	Debit Car	rd	
Description media					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) 1	Name		Office Sought			
Yes X No							\$50,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mack Crounse Group				04/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1051</u>		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM	Debit Car	rd	
Description campaign literature					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) !	Name		Office Sought			\$750.00
X No							\$7,50,00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Olympia Properties LLC		ı		Date of Payment 04/05/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1048</u>		
142 Temple St Ste 304	New Haven	СТ	06510	OVHD	Debit Car	rd	
Description rent					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			46.077.00
x _{No}							\$6,355.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Greater New Haven Community Loan Fund	1	1		04/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1159</u>		
171 Orange St	New Haven	СТ	06510-3111	OVHD	Debit Car	rd	
Description recycling					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
x _{No}							\$24.93
Name of Payee				Date of Payment	Method of Pay	ment	Amount
People's Bank United	T	ı	1	04/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>j/e</u>		
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	rd	
Description bank service charge					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$275.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee People's Bank United				Date of Payment 04/05/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	wire_		
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	^r d	
Description bank service charge					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Vame		Office Sought			\$12.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
					<u> </u>	ment	Amount
People's Bank United		1	I	04/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire Debit Car	vd.	
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	_	u	
Description Bank Service Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$3,963.79
Name of Payee				Date of Payment	Method of Pay	ment	Amount
People's Bank United	T		1	04/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire		
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	·d	
Description Bank Service Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			\$1,352.46
X No							1 /

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	nent	Amount
People's Bank United			1	04/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$36.20
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Jessie Jamar			1	04/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1050</u>		
29 Raiders Ln	Darien	СТ	06820-6020	Misc *	Debit Car	d	
Description					Event #		
misc expenses							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	ame		Office Sought	l		
which reimbursement is sought? Yes No							\$562.52
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Jared Kupiec				04/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1049</u>		
311 Quaker Ln S	West Hartford	СТ	06119-2220	OFFICE	Debit Car	d	
Description					Event #		
office supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	•		
Yes X No							\$11.43

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Jessie Jamar				Date of Payment 04/05/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1050 Debit Car	.d	
29 Raiders Ln	Darien	СТ	06820-6020	Misc *		a	
Description misc expenses					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$132.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Chase Card Services	<u> </u>		1	04/06/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	wire_		
PO Box 15153	Wilmington	DE	19886-5153	ССР	Debit Car	d	
Description credit card					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$5,900.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Sunflower Management		ı	1	04/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1055		
418 Elm St	Raleigh	NC	27601	CNSLT	Debit Car	ď	
Description research					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$12,500.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Hartford Courant				Date of Payment 04/07/2010	Method of Payr	ment	Amount
				 	X Check # 1054		
Street Address	City	State	Zip Code	Purpose of Expenditure	Debit Car	vd.	
285 Broad St	Hartford	СТ	06105-3719	Misc *		u	
Description newspapers					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$84.50
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Eric Bragg				04/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1053</u>		
396 Mansfield Ave	Darien	СТ	06820-2112	Misc *	Debit Car	⁻ d	
Description			•		Event #		
misc items							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	ame		Office Sought			
which reimbursement is sought? Yes No							\$338.41
Name of Payee				Date of Payment	Method of Payı	ment	Amount
The Campaign Group			1	04/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	wire		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	Debit Car	d .	
Description					Event #		
media							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$228,900.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ittee				•	
Name of Payee				Date of Payment 04/12/2010	Method of Pay	ment	Amount
Barker Specialty Company		l			X Check #		
Street Address	City	State	Zip Code 06410	Purpose of Expenditure A-OTH	Debit Car	rd	
27 Realty Dr , Caller Box 22 Description	Cheshire	CI	00410	A-0111	Event #		
campaign merch					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought	l		
Yes X No							\$16,912.05
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Olympia Properties LLC				04/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1101</u>		
142 Temple St Ste 304	New Haven	СТ	06510	OVHD	Debit Car	⁻ d	
Description					Event #		
rent							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$6,355.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Administaff				04/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT	Debit Car	d.	
Description					Event #		
Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$40,806.66
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Administaff				Date of Payment 04/16/2010	Method of Payr	ment	Amount
Street Address 1251 Avenue of the Americas	City New York	State NY	Zip Code 10020-1104	Purpose of Expenditure CNSLT	Wire Debit Car	rd	
Description Payroll	New TOLK	<u> </u>	10020 1104	<u> </u>	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$15,615.86
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Campaign Group	1		1	04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	wire		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	Debit Car	d	
Description media					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$121,550.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Cablevision of CT			1	04/16/2010	X Check #		
Street Address	City	State CT	Zip Code 06851-4632	Purpose of Expenditure WEB	1057 Debit Car	rd	
28 Cross St	Norwalk	СТ	00031-4032	WED		-	
Description internet and phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$190.88
No No							· · · · · · · · · · · · · · · · · · ·

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Laura Meleney				Date of Payment 04/16/2010	Method of Pays	ment	Amount
Street Address 197 Stanwich Rd	City Greenwich	State CT	Zip Code 06830-4020	Purpose of Expenditure	1060 Debit Car	·d	
Description refund contribution		1			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$25.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Sunflower Management				04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1098</u>		
418 Elm St	Raleigh	NC	27601	CNSLT	Debit Car	^r d	
Description research					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$731.10
x No				T	ı		φ/31.10
Name of Payee				Date of Payment 04/16/2010	Method of Pay	ment	Amount
National Drill Squad/Doulgas Bethea					X Check # 1056		
Street Address 200 Goffe St Apt 34D	City New Haven	State CT	Zip Code 06511-3359	Purpose of Expenditure CHAR	Debit Car	rd	
Description	New Haven	<u> </u>	100011 0005	0.0.0	Event #		
donation							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$250.00
100							

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Meghan Moorlach				Date of Payment 04/20/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1108 Debit Car	d	
169 Orange St	New Haven	СТ	06510-3111	TRVL	 	<u> </u>	
Description mileage					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	ame		Office Sought			¢505.00
X No				<u> </u>	1		\$595.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Margaret Van Cleave			1	04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1069		
169 Orange St	New Haven	СТ	06510-3111	OVHD	Debit Car	d	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	ame		Office Sought			
X No							\$150.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Margaret Van Cleave			T	04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1107		
169 Orange St	New Haven	СТ	06510-3111	TRVL	Debit Car	d	
Description mileage					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	ame		Office Sought			\$606.72

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Marc Bradley		l	1	04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1093		
35 Mason St	Greenwich	СТ	06830	OVHD	Debit Car	·d	
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought			
Yes X No							\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Elvira Albert				04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1082</u>		
38 Klondike Ave	Stamford	СТ	06907	OVHD	Debit Car	d d	
Description		•	•	•	Event #		
cell phone							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes							
X No							\$170.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Elvira Albert				04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1082</u>		
38 Klondike Ave	Stamford	СТ	06907	RCW	Debit Car	d .	
Description			•		Event #		
reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			±700.00
X No							\$700.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Fletcher Gibson, IV			ı	Date of Payment 04/21/2010	Method of Payr	ment	Amount
Street Address	City	State CT	Zip Code 06511-5456	Purpose of Expenditure OVHD	1097 Debit Car	rd.	
111 Park St Apt 6R Description cell phone	New Haven	СТ	06511-5456	OVAD	Event#	u	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$150.00
Name of Payee AT&T				Date of Payment 04/21/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1089		
PO Box 8110	Aurora	IL	60507	OVHD	Debit Car	·d	
Description cell phone			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$150.00
Name of Payee Jared Kupiec				Date of Payment 04/21/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1085		
311 Quaker Ln S	West Hartford	СТ	06119-2220	OVHD	Debit Car	·d	
Description cell phone			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$150.00
X No							\$120.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILE	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment 04/21/2010	Method of Payr	ment	Amount
People's Bank United		Ι			X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire Debit Car	vd.	
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK		u	
Description Bank Service Fee					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$9.99
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Administaff				04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT	Debit Car	⁻ d	
Description			•		Event #		
Payroll							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$8,429.93
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Joe Abbey		<u> </u>		04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1088		
1600 N Oak St Apt 11	Arlington	VA	22209	OVHD	Debit Car	rd	
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	!		
Yes							\$136.01
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Seth Bannon				Date of Payment 04/21/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1091 Debit Car	.d	
54 Wauwinet Ct Description	Guilford	СТ	06437-1101	OVHD	Event #	ď	
cell phone					Event "		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$101.64
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Andrew Callahan	Γ		T	04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1094</u>		
47 Metacomet Rd	Farmington	СТ	06032-1801	OVHD	Debit Car	rd	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought	•		
X No							\$115.77
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Daniel J Gross		Ι		04/21/2010	X Check #		
Street Address 94 William St Apt 1	City New Haven	State CT	Zip Code 06511-4939	Purpose of Expenditure OVHD	1089 Debit Car	·d	
Description	New Haven			1	Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$150.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Brian Coy		ı		04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1068		
900 N Randolph St Apt 1415	Arlington	VA	22203-4073	OVHD	Debit Car	rd .	
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$150.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Ryan Cook			1	04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1095		
499 Charles St	Torrington	СТ	06790-3420	OVHD	Debit Car	^r d	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$150.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Elizabeth Donovan		ı		04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1096		
32 Woodvale Rd	Branford	СТ	06405	OVHD	Debit Car	·d	
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$150.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Justine Sessions				Date of Payment 04/21/2010	Method of Payr	ment	Amount
Street Address 2939 Van Ness St NW	City Washington	State	Zip Code 20008-4631	Purpose of Expenditure OVHD	1063 Debit Car	·d	
Description cell phone	Trasmington	<u> </u>	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Kelly Popp				04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1086</u>		
69 Belden Rd	Hamden	СТ	06514-3709	OVHD	Debit Car	rd	
Description cell phone		-	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$52.00
X No				<u> </u>	1		49-33
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joshua Schneider		<u> </u>		04/21/2010	X Check # 1084		
Street Address 106 Foster St # 1	City New Haven	State CT	Zip Code 06511-2655	Purpose of Expenditure OVHD	Debit Car	·d	
Description	New Haven	<u> </u>	00311 2033	01115	Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$150.00
1 L_1 1NO							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Audrey Tyson				Date of Payment 04/21/2010	Method of Payr	ment	Amount
Street Address 471 Whalley Ave Unit H	City New Haven	State CT	Zip Code 06511-3068	Purpose of Expenditure OVHD	1065 Debit Car	rd	
Description cell phone		<u> </u>	-	l	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$81.66
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Gabe Rosenberg				04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1083</u>		
270 Thorton St	Hamden	СТ	06517	OVHD	Debit Car	d	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$150.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Ruth Yorke				04/21/2010	X Check #		
Street Address	City	State CT	Zip Code 06807-2309	Purpose of Expenditure OVHD	1081 Debit Car	rd	
7 Ridge Rd Description	Cos Cob	CI	00807-2309	OVIID	Event #	-	
cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$115.25
110							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Jennifer Just				Date of Payment 04/21/2010	Method of Payr	ment	Amount
Street Address 157 Center Rd	City Woodbridge	State	Zip Code 06525-1840	Purpose of Expenditure OVHD	X Check # 1090 Debit Car	rd	
Description cell phone	woodshage	<u> </u>			Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Rebecca Slutzky				04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1064</u>		
2417 Northfield Rd	Charlottesville	VA	22901-1727	OVHD	Debit Car	⁻ d	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$150.00
Name of Payee				Date of Payment 04/21/2010	Method of Payı	ment	Amount
Robert Abraham	a:	L			X Check # 1067		
Street Address 105 Briarwood Ln	City Cumming	State GA	Zip Code 30040	Purpose of Expenditure OVHD	Debit Car	·d	
Description cell phone	cammig	l			Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$60.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Rebecca Bowers				Date of Payment 04/21/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1092	.1	
88 Grange Rd	Lancaster	NH	03584-3431	OVHD	Debit Car	d	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$61.36
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Sunflower Management			T	04/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1099</u>		
418 Elm St	Raleigh	NC	27601	CNSLT	Debit Car	d	
Description research					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$2,122.13
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Campaign Group		Ι	ı	04/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	wire		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	Debit Car	d	
Description media					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		\$121,550.00
x No							φ121,330.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee The Campaign Group				Date of Payment 04/23/2010	Method of Payr	ment	Amount
					X Check #		
Street Address 1600 Locust St	City Philadelphia	State PA	Zip Code 19103-6305	Purpose of Expenditure A-TV	Debit Car	·d	
Description Description	Filliadelpilla	. , ,	13103 0303	<u></u>	Event #		
Production							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	ame		Office Sought			
Yes X No							\$100,000.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
AT&T				04/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1144</u>		
PO Box 8110	Aurora	IL	60507	OVHD	Debit Car	rd	
Description					Event #		
telephone expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	ame		Office Sought			
Yes X No							\$1,109.41
Name of Payee				Date of Payment	Method of Payı	ment	Amount
New Haven Register				04/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1142</u>		
40 Sargent Dr	New Haven	СТ	06511-5939	Misc *	Debit Car	rd	
Description					Event #		
newspapers							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	ame		Office Sought			\$90.64

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Schools In				Date of Payment 04/24/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1103 Debit Car	rd.	
PO Box 62026	Cincinnati	ОН	45262-0026	EFV *	 	u	
Description chairs					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,161.40
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Blue State Digital	 		T	04/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1106</u>		
734 15th St NW Ste 1200	Washington	DC	20005	WEB	Debit Car	d	
Description Web Site					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	<u> </u>		
Yes X No							\$500.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Evans & Katz LLC	1		T	04/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1102		
1831 Bay St SE	Washington	DC	20003	CNSLT	Debit Car	d .	
Description compliance					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			#1 CO4 O4
X No							\$1,684.84

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee LeBlanc Communications Group				Date of Payment 04/24/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1105</u>		
38 High Ridge Rd	West Redding	СТ	06896-2019	EFV *	Debit Car	d .	
Description telephone service					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			4 62.60
X No							\$63.60
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Ruth Yorke	T	1	T	04/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1100		
7 Ridge Rd	Cos Cob	СТ	06807-2309	OFFICE	Debit Car	d	
Description reim Staples					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$73.36
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Ruth Yorke	T		T	04/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1100		
7 Ridge Rd	Cos Cob	СТ	06807-2309	POST	Debit Car	·d	
Description postage					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$85.88
No No							İ

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ruth Yorke				04/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1100		
7 Ridge Rd	Cos Cob	СТ	06807-2309	TRVL	Debit Car	·d	
Description					Event #		
Reimbursement for mileage							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$23.04
X No				T	1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Peerless Insurance Co.				04/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1143</u>		
62 Maple Ave	Keene	NH	03431	OVHD	Debit Car	d d	
Description			•	•	Event #		
insurance							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes							
x _{No}							\$1,931.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bristol Lettering LLC				04/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1145</u>		
1718 Park St	Hartford	СТ	06106-2132	OFFICE	Debit Car	^r d	
Description			•		Event #		
office supplies							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	other Candidate(s) N	lame		Office Sought			
Yes							#70 4 4
X No							\$73.14

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Chase Card Services				Date of Payment 04/28/2010	Method of Pays	ment	Amount
Street Address PO Box 15153	City Wilmington	State DE	Zip Code 19886-5153	Purpose of Expenditure	1201 Debit Car	rd	
Description credit card	200	!	!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$10,778.39
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Stones' Phones Inc.				04/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1111</u>		
41750 Rancho Las Palmas Dr Ste E	Rancho Mirage	CA	92270-5511	OVHD	Debit Car	rd	
Description telephone expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			\$1,273.54
X No				T	1		Ψ1,273.34
Name of Payee Administaff				Date of Payment 04/29/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT	X Debit Car	rd	
Description Payroll			-		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$16,219.53

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILII	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Administaff				Date of Payment 04/30/2010	Method of Pays	ment	Amount
Street Address 1251 Avenue of the Americas	City New York	State NY	Zip Code 10020-1104	Purpose of Expenditure CNSLT	Wire Debit Car	rd	
Description Payroll	THE TOTAL	<u> </u>			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$77,339.22
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Mack Crounse Group				04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1141</u>		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM	Debit Car	d d	
Description campaign literature			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$17,484.01
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Campaign Group				04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	WIRE		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	Debit Car	rd .	
Description Media					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$143,700.00
1 L_1 1NO							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Elvira Albert Street Address 38 Klondike Ave Description reimbursement	City Stamford	State CT	Zip Code 06907	Date of Payment 04/30/2010 Purpose of Expenditure RCW	Method of Payr X Check # 1112 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$350.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Elvira Albert				04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1112</u>		
38 Klondike Ave	Stamford	СТ	06907	OVHD	Debit Car	d	
Description cell phone			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$85.00
Name of Payee Edward W. Murphy				Date of Payment 04/30/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1114</u>		
21 Deacon Abbott Rd	Redding	СТ	06896-2010	FNDR	Debit Car	ď	
Description reimburse fundraising expenses					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought	•		\$194.27

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee NationalField LLC				Date of Payment 04/30/2010	Method of Pays	ment	Amount
Street Address 1776 Interstate St NW Ste 960	City Washington	State	Zip Code 20006-3700	Purpose of Expenditure CNSLT	1071 Debit Car	rd	
Description field database		<u>I</u>	ļ		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	ı		40.000.00
X No				T			\$3,000.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
NationalField LLC				04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1109</u>		
1776 Interstate St NW Ste 960	Washington	DC	20006-3700	CNSLT	Debit Car	d	
Description field database			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$900.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Iron Mountain		l		04/30/2010	X Check #		
Street Address PO Box 27128	City New York	State NY	Zip Code 10087-7128	Purpose of Expenditure OVHD	1160 Debit Car	ď	
Description shredding	1.00. 1.01.k				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$56.72

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Kingdom Websites				Date of Payment 04/30/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code 06484-3747	Purpose of Expenditure OVHD	1115 Debit Car	rd.	
72 Maple Ln Description	Shelton	СТ	06484-3747	OVHD	Event #	u	
computer wiring					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$219.95
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Kingdom Websites	i			04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1110		
72 Maple Ln	Shelton	СТ	06484-3747	OVHD	Debit Car	d	
Description computer wiring					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	<u>I</u>		
Yes X No							\$70.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Postmaster	T		_	04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1114		
144 Rowayton Ave	Norwalk	СТ	06853	FNDR	Debit Car	ď	
Description reimburse fundraising expenses					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$114.40

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Sandler, Reiff & Young, P.C.	<u> </u>			04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1113		
300 M St SE Ste 1102	Washington	DC	20003-3437	CNSLT	Debit Car	d	
Description					Event #		
legal services							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	I		
Yes X No							\$4,500.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Rebecca Slutzky				05/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1126</u>		
2417 Northfield Rd	Charlottesville	VA	22901-1727	OVHD	Debit Car	d	
Description	•	-	•		Event #		
cell phone							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought	!		
which reimbursement is sought? Yes X No							\$150.00
No No							
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Justine Sessions	Г			05/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1129</u>		
2939 Van Ness St NW	Washington	DC	20008-4631	OVHD	Debit Car	d	
Description					Event #		
cell phone						_	
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$150.00
							i e

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee NGP Software, Inc.				Date of Payment 05/01/2010	Method of Payr	ment	Amount
Street Address 1225 Eye St NW Ste 1225	City Washington	State DC	Zip Code 20005	Purpose of Expenditure OVHD	1136 Debit Car	d	
Description database			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$2,700.00
Name of Payee				Date of Payment 05/01/2010	Method of Payr	ment	Amount
Jared Kupiec	City		7: 0.1		X Check # 1128		
Street Address 311 Quaker Ln S	City West Hartford	State CT	Zip Code 06119-2220	Purpose of Expenditure OVHD	Debit Car	ď	
Description cell phone	West Hartford	<u> </u>	100229 2220	101110	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No					1		\$150.00
Name of Payee Joe Abbey				Date of Payment 05/01/2010	Method of Payı	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1116</u>		
1600 N Oak St Apt 11	Arlington	VA	22209	OVHD	Debit Car	d	
Description cell phone			•	,	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$136.01

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Andrew Callahan				Date of Payment 05/02/2010	Method of Pays	ment	Amount
Street Address 47 Metacomet Rd	City Farmington	State CT	Zip Code 06032-1801	Purpose of Expenditure OVHD	1124 Debit Car	·d	
Description cell phone			!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$115.77
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Seth Bannon				05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1119</u>		
54 Wauwinet Ct	Guilford	СТ	06437-1101	OVHD	Debit Car	d d	
Description cell phone			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$101.64
X No				<u> </u>	1		·
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Fletcher Gibson, IV	T	_	Τ	05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1125 Debit Car	.1	
111 Park St Apt 6R	New Haven	СТ	06511-5456	OVHD		ď	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$150.00
No No							İ

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Marc Bradley			ı	Date of Payment 05/02/2010	Method of Payr X Check # 1135	ment	Amount
Street Address	City	State CT	Zip Code 06830	Purpose of Expenditure OVHD	Debit Car	ď	
35 Mason St Description cell phone	Greenwich	СТ	06830	OVHD	Event#	u	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Margaret Van Cleave				05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1134		
169 Orange St	New Haven	CT	06510-3111	OVHD	Debit Car	ď	
Description cell phone		ļ.	-	ļ.	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$150.00
X No				T	1		Ψ130.00
Name of Payee Audrey Tyson				Date of Payment 05/02/2010	Method of Payr	ment	Amount
	C'.			Purpose of Expenditure	X Check # 1120		
Street Address 471 Whalley Ave Unit H	City New Haven	State CT	Zip Code 06511-3068	OVHD	Debit Car	ď	
Description	INCW HOVEH	<u> ~'</u>	155511 5555	197119	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$81.66

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Paya	ment	Amount
Joshua Schneider				05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1133		
106 Foster St # 1	New Haven	СТ	06511-2655	OVHD	Debit Car	·d	
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Kelly Popp				05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1137</u>		
69 Belden Rd	Hamden	СТ	06514-3709	OVHD	Debit Car	rd	
Description			1	•	Event #		
cell phone							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	other Candidate(s) N	lame		Office Sought			
Yes X No							\$52.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Brian Coy			_	05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1117		
900 N Randolph St Apt 1415	Arlington	VA	22203-4073	OVHD	Debit Car	d	
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$150.00
LITE No.							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Daniel J Gross			1	Date of Payment 05/02/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1131</u>		
94 William St Apt 1	New Haven	СТ	06511-4939	OVHD	Debit Car	d	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			¢150.00
X No				T	· · · · · ·		\$150.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Elizabeth Donovan				05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1130</u>		
32 Woodvale Rd	Branford	СТ	06405	OVHD	Debit Car	d	
Description					Event #		
cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$122.90
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Ryan Cook				05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1122</u>		
499 Charles St	Torrington	СТ	06790-3420	OVHD	Debit Car	ď	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$150.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILII	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Committee						
Name of Payee Jennifer Just				Date of Payment 05/02/2010	Method of Pays	ment	Amount
Street Address	City	State CT	Zip Code 06525-1840	Purpose of Expenditure OVHD	1123 Debit Car	rd.	
157 Center Rd Description cell phone	Woodbridge	Ci	00323-1840	OVID	Event #	_	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	lame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Rebecca Bowers	T	1		05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1118</u>		
88 Grange Rd	Lancaster	NH	03584-3431	OVHD	Debit Car	·d	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$61.36
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Robert Abraham	T	Π		05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1127 Debit Car	rd.	
105 Briarwood Ln	Cumming	GA	30040	OVHD		<u>.</u>	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$60.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Ruth Yorke				Date of Payment 05/02/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code 06807-2309	Purpose of Expenditure OVHD	1121 Debit Car	rd.	
7 Ridge Rd Description	Cos Cob	CI	06807-2309	OVHD	Event #	u	
cell phone					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$115.25
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ruth Yorke	i		1	05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1121		
7 Ridge Rd	Cos Cob	СТ	06807-2309	OVHD	Debit Car	^r d	
Description Cell Phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	!		
Yes X No							\$115.25
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Gabe Rosenberg	T	_	1	05/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1132		
270 Thorton St	Hamden	СТ	06517	OVHD	Debit Car	d	
Description cell phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$150.00
No No							İ

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
People's Bank United		Π		05/03/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire Debit Car	.d	
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK		u	
Description Bank Service Fee					Event #		
Bank Service Fee							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$60.10
Name of Payee				Date of Payment	Method of Pay	ment	Amount
People's Bank United				05/03/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	·d	
Description		-	•		Event #		
Bank Service Fee							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$732.46
Name of Payee				Date of Payment	Method of Pay	ment	Amount
People's Bank United				05/03/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire		
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	d	
Description					Event #		
Bank Service Fee							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$2,944.08

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Trinity on Main				Date of Payment 05/03/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1151</u>		
69 Main St	New Britain	СТ	06051-2501	FNDR	Debit Car	^r d	
Description space rental of Rotunda, Recital Hall					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	iame		Office Sought			\$400.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joe Abbey		ı	1	05/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1147</u>		
1600 N Oak St Apt 11	Arlington	VA	22209	FOOD	Debit Car	·d	
Description pizza					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$25.33
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joe Abbey		Ι		05/04/2010	X Check #		
Street Address	City	State VA	Zip Code	Purpose of Expenditure	1147 Debit Car	rd.	
1600 N Oak St Apt 11	Arlington	VA	22209	POST		u	
Description postage					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$17.86

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Joe Abbey		Π		05/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1147 Debit Car	.1	
1600 N Oak St Apt 11	Arlington	VA	22209	TRVL		d	
Description					Event #		
parking							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l		
Yes							\$30.00
X No				1	1		7-0-0-0
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Jared Kupiec				05/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1139</u>		
311 Quaker Ln S	West Hartford	СТ	06119-2220	EFV *	Debit Car	d	
Description				1	Event #		
Flags							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought?							
Yes X No							\$1,165.94
Name of Payee				Date of Payment	Method of Payı	ment	Amount
D & K Sound Services Inc.				05/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1161		
912 Silas Deane Hwy	Wethersfield	СТ	06109-3434	A-TV	Debit Car	d	
Description			•		Event #		
sound system							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes							
X No							\$850.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Greater New Haven Community Loan Fund				Date of Payment 05/04/2010	Method of Paya	ment	Amount
Street Address 171 Orange St Description recycling	City New Haven	State	Zip Code 06510-3111	Purpose of Expenditure OVHD	1159 Debit Car Event #	d	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$25.07
Name of Payee Event Resources Inc.				Date of Payment 05/04/2010	Method of Payr	ment	Amount
Street Address 333 Park Ave Description production services for press event	City East Hartford	State CT	Zip Code 06108-1750	Purpose of Expenditure CNSLT	1138 Debit Car Event #	d	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	T Other Candidate(s) N	ame		Office Sought			\$1,395.00
Name of Payee Audrey Tyson				Date of Payment 05/04/2010	Method of Paya	ment	Amount
Street Address 471 Whalley Ave Unit H	City New Haven	State CT	Zip Code 06511-3068	Purpose of Expenditure OFFICE	1146 Debit Car	d	
Description office supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X	Other Candidate(s) N	ame		Office Sought			\$25.44

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Sandler, Reiff & Young, P.C.	Г			05/05/2010	X Check #		
Street Address 300 M St SE Ste 1102	City Washington	State DC	Zip Code 20003-3437	Purpose of Expenditure CNSLT	1140 Debit Car	·d	
Description	washington	DC	20003 3137	0.1321	Event #		
legal					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$3,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Trilogy Interactive, LLC				05/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1149</u>		
1508 W Sunnyside Ave	Chicago	IL	60640	WEB	Debit Car	d	
Description					Event #		
new media website							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought	•		
X No							\$1,100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
People's Bank United				05/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	X Debit Car	rd	
Description					Event #		
bank service charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			454.02
X No							\$56.93

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Revolution Messaging, LLC				Date of Payment 05/08/2010	Method of Pays	ment	Amount
Street Address 2020 Taylor St NE	City Washington	State DC	Zip Code 20018-3236	Purpose of Expenditure OVHD	1152 Debit Car	rd	
Description telephone expense			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$3,000.00
Name of Payee Mack Crounse Group				Date of Payment 05/09/2010	Method of Pays	ment	Amount
Street Address 2001 N Beauregard St Ste 420	City Alexandria	State VA	Zip Code 22311-1750	Purpose of Expenditure A-DM	1153 Debit Car	rd	
Description campaign literature	, noterior d	<u> </u>			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$4,038.82
Name of Payee People's Bank United				Date of Payment 05/10/2010	Method of Paye	ment	Amount
Street Address 410 Greenwich Ave	City Greenwich	State CT	Zip Code 06830-6523	Purpose of Expenditure	X Debit Car	rd	
Description bank service charge					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$60.00
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Campaign Group				05/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	wire Debit Car	vd.	
1600 Locust St	Philadelphia	PA	19103-6305	A-TV		u	
Description media					Event #		
incute in the second se							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$100,000.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Stones' Phones Inc.				05/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1150</u>		
41750 Rancho Las Palmas Dr Ste E	Rancho Mirage	CA	92270-5511	OVHD	Debit Car	rd	
Description			+	'	Event #		
telephone expense							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes X No							\$1,105.07
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Strategic Productions LLC				05/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1148</u>		
15 Horizon Ave Apt 12	Venice	CA	90291-3636	A-WEB	Debit Car	^r d	
Description					Event #		
Media							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,928.19
No No							

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee People's Bank United				Date of Payment 05/12/2010	Method of Pays	ment	Amount
Street Address 410 Greenwich Ave	City Greenwich	State CT	Zip Code 06830-6523	Purpose of Expenditure	wire Debit Car	rd	
Description bank service charge		ı			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$12.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Mack Crounse Group				05/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1154</u>		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM	Debit Car	d d	
Description campaign literature			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$6,789.27
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Administaff				05/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT	X Debit Car	d d	
Description Payroll					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$83,933.38

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Chase Card Services			ı	05/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	wire		
PO Box 15153	Wilmington	DE	19886-5153	ССР	Debit Car	d	
Description					Event #		
credit card							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	l		
Yes X No							\$22,558.78
Name of Payee				Date of Payment	Method of Payr	ment	Amount
The Campaign Group				05/18/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>wire</u>		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	Debit Car	d	
Description			•		Event #		
media							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	l		
Yes X No							\$75,000.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Bristol Lettering LLC			,	05/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1158</u>		
1718 Park St	Hartford	СТ	06106-2132	FNDR	Debit Car	d	
Description					Event #		
invites							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$2,439.48

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Bristol Lettering LLC			_	Date of Payment 05/19/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1158		
1718 Park St	Hartford	СТ	06106-2132	OFFICE	Debit Car	d	
Description letterhead					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$2,154.98
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Peter D. Hart & Associates	1	<u> </u>	1	05/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1157		
1724 Connecticut Ave NW	Washington	DC	20009	POLLS	Debit Car	ď	
Description polling					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$23,000.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Stones' Phones Inc.				05/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1155		
41750 Rancho Las Palmas Dr Ste E	Rancho Mirage	CA	92270-5511	OVHD	Debit Car	d	
Description telephone expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$346.48

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Jessie Jamar				Date of Payment 05/20/2010	Method of Payr	ment	Amount
Street Address 29 Raiders Ln	City Darrien	State CT	Zip Code 06820-6020	Purpose of Expenditure OFFICE	1202 Debit Car	rd	
Description reim office supplies and postage	 		-		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$407.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Tremont Public Advisors LLC				05/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1162</u>		
750 Main St Ste 500	Hartford	СТ	06103-2709	CNSLT	Debit Car	rd	
Description communications consultant					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$5,250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Skyline Music, LLC		ı —	ī	05/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	wire Debit Car	rd.	
48 Prospect St	Whitefield	NH	03598-3049	FNDR	 	u	
Description band for convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$250.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Administaff				Date of Payment 05/21/2010	Method of Payr	ment	Amount
Street Address 1251 Avenue of the Americas	City New York	State NY	Zip Code 10020-1104	Purpose of Expenditure	WIRE Debit Car	d	
Description Payroll			!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$5,057.28
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joshua Schneider				05/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1214</u>		
106 Foster St # 1	New Haven	СТ	06511-2655	RCW	Debit Car	d	
Description Reimbursement			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Name		Office Sought			\$52.74
X No				1	1		\$32.74
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bronze Radio Return LLC		I	1	05/21/2010	X Check #		
Street Address	City	State	Zip Code 06117-1521	Purpose of Expenditure FNDR	wire Debit Car	rd	
4 Northbrook Dr	West Hartford	СІ	06117-1521	FNDR	Event #		
Description band for convention					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Name		Office Sought			\$2,250.00
X No							φ2,230.00

IV. EXPENDITURE	S					
					FILI	NG DUE DATE
N. Expenses Paid By Commi	ttee					
			Date of Payment		ment	Amount
Τ	Ι		05/24/2010	1 —		
City	State	Zip Code	Purpose of Expenditure			
Wilmington	DE	19886-5153	ССР		d	
				Event #		
or Other Candidate(s) N	lame		Office Sought			
						\$11,731.82
			Date of Payment	Method of Pay	ment	Amount
			05/24/2010	X Check #		
City	State	Zip Code	Purpose of Expenditure	<u>1212</u>		
New Haven	СТ	06520-5154	RCW	Debit Car	ď	
		•		Event #		
or Other Candidate(s) N	lame		Office Sought			
						\$75.53
			Date of Payment	Method of Pay	ment	Amount
		_	05/24/2010	X Check #		
City	State	Zip Code	Purpose of Expenditure	1212		
New Haven	СТ	06520-5154	TRVL	Debit Car	d	
				Event #		
or Other Candidate(s) N	lame		Office Sought	•		
						\$135.06
	City Wilmington City New Haven Other Candidate(s) N City New Haven	City Name Other Candidate(s) Name Other Candidate(s) Name City State CT Other Candidate(s) Name	City State Wilmington Other Candidate(s) Name City State Jap Code 19886-5153 Other Candidate(s) Name City State CT Office C	N. Expenses Paid By Committee Date of Payment 05/24/2010	N. Expenses Paid By Committee Date of Payment O5/24/2010 State City State 19886-5153 CCP Purpose of Expenditure Debit Care CT Other Candidate(s) Name Office Sought City State Zip Code Purpose of Expenditure Office Sought City State Zip Code Purpose of Expenditure Office Sought City State Zip Code Purpose of Expenditure 12.12 Debit Care CT Other Candidate(s) Name Office Sought City Code CT Code CT Code CT Code CT CT CT CT CT CT CT C	N. Expenses Paid By Committee

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payr	nent	Amount
NationalField LLC				05/24/2010	X Check #		
Street Address 1776 Interstate St NW Ste 960	City Washington	State DC	Zip Code 20006-3700	Purpose of Expenditure CNSLT	1205 Debit Care	d	
Description	wasnington	<u> </u>	20000 3700	CHSET	Event #		
Field Database					Dvene "		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$900.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Mason Associates				05/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1204</u>		
PO Box 236	Lawrence	NY	11559	OVHD	Debit Car	d	
Description			•		Event #		
Rent Greenwich							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,212.41
Name of Payee				Date of Payment	Method of Payr	nent	Amount
The Campaign Group				05/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
1600 Locust St	Philadelphia	PA	19103-6305	A-TV	Debit Car	d	
Description					Event #		
Production							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$50,000.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Torrington Partners, LLC				Date of Payment 05/24/2010	Method of Pays	ment	Amount
Street Address 79 Main St Ste 14	City Torrington	State CT	Zip Code 06790	Purpose of Expenditure OVHD	1203 Debit Car	·d	
Description Rent Torrington			•		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$700.00
Name of Payee Jared Kupiec				Date of Payment 05/24/2010	Method of Pays	ment	Amount
Street Address 311 Quaker Ln S	City	State CT	Zip Code 06119-2220	Purpose of Expenditure	1215 Debit Car	rd	
Description Reimbursement	West Hartford	<u> </u>	00119 2220	icew	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$255.92
X No Name of Payee				Date of Payment	Method of Pay	ment	Amount
Margaret Van Cleave		Ι		05/24/2010	X Check #		
Street Address 169 Orange St	City New Haven	State CT	Zip Code 06510-3111	Purpose of Expenditure RCW	1211 Debit Car	rd	
Description Reimbursement			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Margaret Van Cleave				Date of Payment 05/24/2010	Method of Payr	ment	Amount
Street Address 169 Orange St	City New Haven	State CT	Zip Code 06510-3111	Purpose of Expenditure	1211 Debit Car	rd	
Description Reimbursement for mileage			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$17.12
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Barker Specialty Company		Ι		05/25/2010	X Check #		
Street Address 27 Realty Dr , Caller Box 22	City Cheshire	State CT	Zip Code 06410	Purpose of Expenditure A-OTH	Debit Car	ď	
Description	Clestille	<u> </u>	00.120	<u></u>	Event #		
campaign merch							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			¢1.065.03
X No				T	1		\$1,065.02
Name of Payee				Date of Payment	Method of Payı	ment	Amount
The Harty Press Inc.	T	ι		05/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1216</u>		
25 James St , P.O. Box 324	New Haven	СТ	06513	A-OTH	Debit Car	d	
Description Campaign Merchandise					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$5,580.90

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Seth Bannon Street Address	City	State	Zip Code	Date of Payment 05/25/2010 Purpose of Expenditure	Method of Payr X Check # 1213	ment	Amount
54 Wauwinet Ct	Guilford	State CT	21p Code 06437-1101	RCW	Debit Car	rd	
Description Reimbursement	Camora	<u>[</u>			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$417.39
Name of Payee				Date of Payment 05/25/2010	Method of Pay	ment	Amount
National Drill Squad/Doulgas Bethea		l			X Check #		
Street Address 200 Goffe St Apt 34D	City New Haven	State CT	Zip Code 06511-3359	Purpose of Expenditure CHAR	Debit Car	·d	
Description	New naven	<u> </u>	00311 3333	CHAI	Event #		
Donation							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$250.00
X No					1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Peter D. Hart & Associates				05/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1210		
1724 Connecticut Ave NW	Washington	DC	20009	POLLS	Debit Car	d	
Description Polling					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$34,000.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Lamont For Governor							
	N. Expenses Paid By Commi	ttee					
Name of Payee Olympia Properties LLC		1	1	Date of Payment 05/25/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1209 Debit Car	.d	
142 Temple St Ste 304	New Haven	СТ	06510	OVHD	 	ď	
Description Rent					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$6,355.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Urban Marketing Network				05/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1206</u>		
PO Box 4116	Hamden	СТ	06514	CNSLT	Debit Car	d .	
Description Consulting Fee Market/Promo					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$12,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
natty williams				05/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1218 Debit Car	.d	
654 Cocody	Abidjan	CA		REF	 	ď	
Description Refund					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$70.00
					Total of Sec	ction N	\$1,519,013.28

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Lamont For Governor								
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee				Date of Payme		Is Reimbur Claimed?	rsement	Amount
Street Address		City	State	Zip Code		Ye No		
Purpose of Expenditure	Description			•	Event #			
						Total of	Section O	

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
	P. F	Expenses Incurred on Commit	tee Credit Ca	rd			
Name of Issuing Institution Chase Card Services			Type of Credit C	ard: Master Card	Discover	American	
Name of Vendor La Paloma Sabenera					Date of Transaction 04/01/2010	Amount	
Street Address 405 Capitol Ave		City Hartford	State CT	Zip Code 06106-1414			
Purpose of Expenditure OFFICE	Description Food and Beverag	ge			Event #		
						\$91	.85
Name of Issuing Institution Chase Card Services			Type of Credit Co	ard: Master Card	Discover	American	
Name of Vendor Naples Gas					Date of Transaction 04/01/2010	Amount	
Street Address 180 Noroton Ave		City Darien	State CT	Zip Code 06820-4404			
Purpose of Expenditure TRVL	Description Gas				Event #		
						\$34	.22
Name of Issuing Institution Chase Card Services			Type of Credit Ca	ard: Master Card	Discover	American	
Name of Vendor CVS Pharmacy					Date of Transaction 04/02/2010	Amount	
Street Address 964 Post Rd		City Darien	State CT	Zip Code 06820-4508			
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	\$32	23

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. F	Expenses Incurred on Commit	tee Credit Ca	rd		
Name of Issuing Institution Chase Card Services			Type of Credit Co	ard: Master Card	Discover	American
Name of Vendor The Home Depot					Date of Transaction 04/03/2010	Amount
Street Address 111 Universal Dr		City North Haven	State CT	Zip Code 06473-3653		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$44.07
Name of Issuing Institution Chase Card Services			Type of Credit Ca	ard: Master Card	Discover	American
Name of Vendor Mobil					Date of Transaction 04/03/2010	Amount
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$45.70
Name of Issuing Institution Chase Card Services			Type of Credit C	ard: Master Card	Discover	American
Name of Vendor Staples					Date of Transaction 04/03/2010	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	4165 10

		IV. EXPENDITURES					_	
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Cr	edit Ca	rd			
Name of Issuing Institution Chase Card Services				of Credit Ca Visa	nrd: Master Card	Discover	Amer	ican
Name of Vendor UPS						Date of Transaction 04/03/2010		Amount
Street Address 55 Glenlake Pkwy NE		City Atlanta		tate SA	Zip Code 30328-3474			
Purpose of Expenditure POST	Description Shipping					Event #		
								\$85.36
Name of Issuing Institution Chase Card Services				of Credit Ca Visa Other	ard: Master Card	Discover	Amer	ican
Name of Vendor Staples			<u> </u>			Date of Transaction 04/05/2010		Amount
Street Address 80 Boston Post Rd		City Orange	- 1	tate CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$264.98
Name of Issuing Institution Chase Card Services				of Credit Ca Visa Other	nrd: Master Card	Discover	Amer	ican
Name of Vendor Staples						Date of Transaction 04/05/2010		Amount
Street Address 80 Boston Post Rd		City Orange	- 1	tate CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		\$ 502.02
						i		g Su / U /

NAME OF COMMITTEE							
P. Expenses Incurred on Committee Credit Card			IV. EXPENDITURES				
Name of Services Types of Condit Card Discover Amount of Cardiar Services Types of Condit Card Discover Amount of Cardiar Services Types of Condit Card Discover Amount of Cardiar Services Types of Condit Card Types of Cardiar Services Types of Condit Card Types of Cardiar Services	NAME OF COMMITTEE						FILING DUE DATE
Name of Tousing Institution Chase Card Services	Lamont For Governor						
Since of Services		P. F	Expenses Incurred on Commit	ttee Credit C	ard		
Size Address City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City	_			X Visa		Discover	American
Pages of Expenditure EFV * Phones Discription Phones Phone							Amount
EFV * Phones Phones				ı			
Name of Vendor Getty Name of Vendor Gassing Institution Other						Event #	
Chase Card Services X Visa				•			\$2,727.39
Street Address City New Britain CT 06053-2021	_			X Visa		Discover	American
Purpose of Expenditure TRVL Name of Issuing Institution Chase Card Services Name of Vendor 21st Century Business Street Address 16 Mount Ebo Rd S Ste 4 Purpose of Expenditure Printers New Britain CT 06053-2021 Event # Event # Event # Street Address NY 10509-4038 Event # Event # Event # Amount Am							Amount
TRVL Gas \$ \$32.10 Name of Issuing Institution Chase Card Services			•	ı			
Name of Issuing Institution Chase Card Services X Visa		1				Event #	
Chase Card Services X Visa							\$32.10
21st Century Business Street Address 16 Mount Ebo Rd S Ste 4 Purpose of Expenditure EFV * City Brewster City Brewster NY State NY 10509-4038 Event # Event #	_			X Visa		Discover	American
16 Mount Ebo Rd S Ste 4 Purpose of Expenditure EFV * Brewster NY 10509-4038 Event # Event #							Amount
EFV * Printers				ı			
	•	1				Event#	\$1.3E1.50

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit (Visa X Other	Card: Master Card	Discover	American
Name of Vendor Chase Card Services					Date of Transaction 04/06/2010	Amount
Street Address PO Box 15153		City Wilmington	State DE	Zip Code 19886-5153		
Purpose of Expenditure CCP	Description Processing Fee				Event #	
						\$14.95
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor Staples					Date of Transaction 04/06/2010	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event#	
						\$203.48
Name of Issuing Institution Chase Card Services			Type of Credit (XX Visa Other	Card: Master Card	Discover	American
Name of Vendor Staples					Date of Transaction 04/06/2010	Amount
Street Address 80 Boston Post Rd	_	City Orange	State CT	Zip Code 06477-3219]	
Purpose of Expenditure OFFICE	Description Office Supplies				Event#	\$317.99

		IV. EXPENDITURES					_	
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Credi	it Ca	rd			
Name of Issuing Institution Chase Card Services			Type of Cr X Vis	ia [nrd: Master Card	Discover	Ame	rican
Name of Vendor Staples						Date of Transaction 04/06/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
								\$359.99
Name of Issuing Institution Chase Card Services			Type of Cr X Vis	ia	Master Card	Discover	Ame	rican
Name of Vendor Staples			· 			Date of Transaction 04/06/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$127.18
Name of Issuing Institution Chase Card Services	•		Type of Cr X Vis.	ia [nrd: Master Card	Discover	Ame	rican
Name of Vendor Staples						Date of Transaction 04/07/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		¢707 4 1

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit C	Card		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Sunoco					Date of Transaction 04/07/2010	Amount
Street Address 474 Bank St		City Waterbury	State CT	Zip Code 06708-3502		
Purpose of Expenditure TRVL	Description Gas				Event #	
			T			\$16.23
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Power Gas			· 		Date of Transaction 04/07/2010	Amount
Street Address 49 Howe St		City New Haven	State CT	Zip Code 06511-4613		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$36.07
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Direct TV					Date of Transaction 04/08/2010	Amount
Street Address PO Box 9001069		City Louisville	State KY	Zip Code 40290-1069		
Purpose of Expenditure OVHD	Description TV				Event#	¢389.71
					1	£ 4×0 /1

		IV. EXPENDITURES					_	
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Cred	dit Ca	rd			
Name of Issuing Institution Chase Card Services			=	Credit Ca	ard: Master Card	Discover	Amer	ican
Name of Vendor Staples						Date of Transaction 04/08/2010		Amount
Street Address 80 Boston Post Rd		City Orange	Sta CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
								\$55.11
Name of Issuing Institution Chase Card Services			=	Credit Ca	ard: Master Card	Discover	Amer	ican
Name of Vendor Staples			. —			Date of Transaction 04/09/2010		Amount
Street Address 80 Boston Post Rd		City Orange	Star CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
								\$127.16
Name of Issuing Institution Chase Card Services			=	Credit Ca	Master Card	Discover	Amer	ican
Name of Vendor Staples						Date of Transaction 04/09/2010		Amount
Street Address 80 Boston Post Rd		City Orange	Sta CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		\$ 277 17
						i		\$ / / / 1 /

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. F	Expenses Incurred on Commit	ttee Credit Ca	nrd		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Best Buy					Date of Transaction 04/09/2010	Amount
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203		
Purpose of Expenditure EFV *	Description Computers				Event #	
						\$90.08
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Mobil			· 		Date of Transaction 04/09/2010	Amount
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806		
Purpose of Expenditure TRVL	Description Gas				Event#	
						\$45.98
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor UPS					Date of Transaction 04/10/2010	Amount
Street Address 55 Glenlake Pkwy NE		City Atlanta	State GA	Zip Code 30328-3474		
Purpose of Expenditure POST	Description Shipping				Event #	\$10.00

		IV. EXPENDITURES					_	
NAME OF COMMITTEE							F	ILING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Credi	t Ca	rd			
Name of Issuing Institution Chase Card Services			Type of Cre X Visa Other	. [ard: Master Card	Discover	Ame	rican
Name of Vendor Shell						Date of Transaction 04/11/2010		Amount
Street Address 335 Capitol Ave		City Hartford	State CT		Zip Code 06106-1412			
Purpose of Expenditure TRVL	Description Gas					Event #		
			1					\$15.36
Name of Issuing Institution Chase Card Services			Type of Cre X Visa Other	. [ard: Master Card	Discover	Ame	rican
Name of Vendor U-Haul						Date of Transaction 04/12/2010		Amount
Street Address 116 Whalley Ave		City New Haven	State CT		Zip Code 06511-3236			
Purpose of Expenditure TRVL	Description Transportation					Event#		
								\$153.16
Name of Issuing Institution Chase Card Services			Type of Cre X Visa Other	. [ard: Master Card	Discover	Ame	erican
Name of Vendor The Home Depot						Date of Transaction 04/12/2010		Amount
Street Address 111 Universal Dr		City North Haven	State CT		Zip Code 06473-3653			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
	I					I		¢251 53

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit Ca	rd		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Fedex/Kinkos					Date of Transaction 04/12/2010	Amount
Street Address 400 Boston Post Rd		City Orange	State CT	Zip Code 06477-3545		
Purpose of Expenditure POST	Description Shipping				Event #	
			1			\$12.33
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Splash			, <u>—</u>		Date of Transaction 04/12/2010	Amount
Street Address 73 E Putnam Ave		City Cos Cob	State CT	Zip Code 06807-2607		
Purpose of Expenditure EFV *	Description Vehicle				Event #	
						\$77.97
Name of Issuing Institution Chase Card Services	•		Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Mobil					Date of Transaction 04/12/2010	Amount
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806		
Purpose of Expenditure TRVL	Description Gas				Event #	
	1				ı	¢26 52

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	Р. Б	Expenses Incurred on Commit	tee Credit Ca	rd			
Name of Issuing Institution Chase Card Services			Type of Credit Co	ard: Master Card	Discover	American	n
Name of Vendor Staples					Date of Transaction 04/12/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
			<u> </u>				\$9.09
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	ard: Master Card	Discover	Americar	n
Name of Vendor Staples					Date of Transaction 04/13/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies				Event#		
							\$95.38
Name of Issuing Institution Chase Card Services			Type of Credit Ca	ard: Master Card	Discover	Americar	n
Name of Vendor Staples					Date of Transaction 04/13/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		\$187.80

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit (Card		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Staples					Date of Transaction 04/13/2010	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$49.18
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Staples			· 		Date of Transaction 04/13/2010	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$190.15
Name of Issuing Institution Chase Card Services			Type of Credit Visa X Other	Card: Master Card	Discover	American
Name of Vendor City Steam Brewery LLC					Date of Transaction 04/13/2010	Amount
Street Address 942 Main St		City Hartford	State CT	Zip Code 06103-1214		
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event #	\$1 121 40

		IV. EXPENDITURES					_	
NAME OF COMMITTEE							F	ILING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	ttee Credit	t Ca	rd			
Name of Issuing Institution Chase Card Services			Type of Cre X Visa Other	. [ard: Master Card	Discover	Ame	rican
Name of Vendor Kelley Transit Company			<u> </u>			Date of Transaction 04/13/2010		Amount
Street Address 53 John St		City Torrington	State CT		Zip Code 06790-5308			
Purpose of Expenditure TRVL	Description Transportation					Event#		
								\$700.00
Name of Issuing Institution Chase Card Services			Type of Cre X Visa Other	. [ard: Master Card	Discover	Ame	rican
Name of Vendor U-Haul			· 			Date of Transaction 04/13/2010		Amount
Street Address 116 Whalley Ave		City New Haven	State CT		Zip Code 06511-3236			
Purpose of Expenditure TRVL	Description Transportation					Event #		
								\$27.29
Name of Issuing Institution Chase Card Services			Type of Cre X Visa Other	. [ard: Master Card	Discover	Ame	rican
Name of Vendor Shell						Date of Transaction 04/13/2010		Amount
Street Address 335 Capitol Ave		City Hartford	State CT		Zip Code 06106-1412			
Purpose of Expenditure TRVL	Description Gas					Event #		¢38.23
								£ (××) \

		IV. EXPENDITURES						
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Cred	lit Ca	rd			
Name of Issuing Institution Chase Card Services			Type of C	г	Master Card	Discover	Amer	rican
Name of Vendor Sunoco						Date of Transaction 04/14/2010		Amount
Street Address 474 Bank St		City Waterbury	Stat CT	e	Zip Code 06708-3502			
Purpose of Expenditure TRVL	Description Gas					Event #		
			ı					\$32.86
Name of Issuing Institution Chase Card Services			Type of C X Vi	г	ard: Master Card	Discover	Amer	rican
Name of Vendor Staples						Date of Transaction 04/14/2010		Amount
Street Address 80 Boston Post Rd		City Orange	Stat CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$31.74
Name of Issuing Institution Chase Card Services			Type of C	г	Master Card	Discover	Amei	rican
Name of Vendor Staples						Date of Transaction 04/14/2010		Amount
Street Address 80 Boston Post Rd		City Orange	Stat CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		¢222 5 <u>9</u>
								\$ / / / Su

		IV. EXPENDITURES						
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Cred	it Ca	rd			
Name of Issuing Institution Chase Card Services			Type of C X Vis	г	ard: Master Card	Discover	Amer	ican
Name of Vendor Staples						Date of Transaction 04/14/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	:	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
								\$105.99
Name of Issuing Institution Chase Card Services			Type of C		ard: Master Card	Discover	Amer	ican
Name of Vendor Staples			, 			Date of Transaction 04/14/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	!	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$23.31
Name of Issuing Institution Chase Card Services			Type of C	г	ard: Master Card	Discover	Amer	ican
Name of Vendor Staples						Date of Transaction 04/15/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	!	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		\$180.66

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit (Card		
Name of Issuing Institution Chase Card Services			Type of Credi	Card: Master Card	Discover	American
Name of Vendor Staples					Date of Transaction 04/15/2010	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$44.49
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Staples			· <u> </u>		Date of Transaction 04/15/2010	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$92.39
Name of Issuing Institution Chase Card Services			Type of Credi	Card: Master Card	Discover	American
Name of Vendor Testo's Restaurant					Date of Transaction 04/15/2010	Amount
Street Address 1775 Madison Ave		City Bridgeport	State CT	Zip Code 06606-4056	<u></u>	
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event #	
	I				ı	¢35 56

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. F	Expenses Incurred on Commit	tee Credit Ca	rd		
Name of Issuing Institution Chase Card Services			Type of Credit Co	ard: Master Card	Discover	American
Name of Vendor The Home Depot					Date of Transaction 04/15/2010	Amount
Street Address 111 Universal Dr		City North Haven	State CT	Zip Code 06473-3653		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$133.32
Name of Issuing Institution Chase Card Services			Type of Credit Co	ard: Master Card	Discover	American
Name of Vendor Mobil					Date of Transaction 04/15/2010	Amount
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$43.95
Name of Issuing Institution Chase Card Services			Type of Credit Ca	ard: Master Card	Discover	American
Name of Vendor Royal Palace					Date of Transaction 04/16/2010	Amount
Street Address 32 Orange Ter		City West Haven	State CT	Zip Code 06516-1512		
Purpose of Expenditure FOOD	Description Food and Beverag	ee			Event #	474.00

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	ttee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Shell					Date of Transaction 04/16/2010	Amount
Street Address 335 Capitol Ave		City Hartford	State CT	Zip Code 06106-1412		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$27.10
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Dunkin Donuts					Date of Transaction 04/16/2010	Amount
Street Address 1179 Chapel St		City New Haven	State CT	Zip Code 06511-4701		
Purpose of Expenditure FOOD	Description Food and Beverag	ie			Event #	
						\$27.96
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Rite Aid					Date of Transaction 04/16/2010	Amount
Street Address 66 Church St		City New Haven	State CT	Zip Code 06510-3304		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	\$11.65
					1	£ 11 65

		IV. EXPENDITURES						
NAME OF COMMITTEE							F	ILING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Credit	Caı	rd			
Name of Issuing Institution Chase Card Services			Type of Cree X Visa Othe		rd: Master Card	Discover	Ame	rican
Name of Vendor UPS						Date of Transaction 04/17/2010		Amount
Street Address 55 Glenlake Pkwy NE		City Atlanta	State GA		Zip Code 30328-3474			
Purpose of Expenditure POST	Description Shipping					Event #		
								\$10.00
Name of Issuing Institution Chase Card Services			Type of Cree X Visa Othe		rd: Master Card	Discover	Ame	rican
Name of Vendor Ikea			<u> </u>			Date of Transaction 04/18/2010		Amount
Street Address 450 Sargent Dr		City New Haven	State CT		Zip Code 06511-5907			
Purpose of Expenditure EFV *	Description Furniture					Event#		
								\$25.40
Name of Issuing Institution Chase Card Services			Type of Cree X Visa Othe		rd: Master Card	Discover	Ame	rican
Name of Vendor						Date of Transaction 04/18/2010		Amount
Street Address PO Box 8110		City Aurora	State IL		Zip Code 60507			
Purpose of Expenditure OVHD	Description telephone expens	e				Event #		
	I					I		\$280.89

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	Р. Е	Expenses Incurred on Commit	tee Credit Ca	rd		
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor Lexis Nexis					Date of Transaction 04/19/2010	Amount
Street Address 9443 Springboro Pike		City Miamisburg	State OH	Zip Code 45342-5490		
Purpose of Expenditure OFFICE	Description Information Servi	ces	•		Event#	
						\$155.54
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor					Date of Transaction 04/19/2010	Amount
Street Address 24601 Center Ridge Rd Ste 2	200	City Westlake	State OH	Zip Code 44145-5639		
Purpose of Expenditure TRVL	Description as				Event #	
						\$45.32
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor Power Gas					Date of Transaction 04/20/2010	Amount
Street Address 49 Howe St		City New Haven	State CT	Zip Code 06511-4613	<u></u>	
Purpose of Expenditure TRVL	Description Gas				Event #	\$32.02

		IV. EXPENDITURES						
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Cre	dit Ca	rd			
Name of Issuing Institution Chase Card Services			x v	Credit Ca Visa	Master Card	Discover	Amei	rican
Name of Vendor Postmaster						Date of Transaction 04/20/2010		Amount
Street Address 144 Rowayton Ave		City Norwalk	Sta C		Zip Code 06853			
Purpose of Expenditure POST	Description Stamps					Event #		
								\$133.00
Name of Issuing Institution Chase Card Services			X v	Credit Ca Visa [Master Card	Discover	Amer	rican
Name of Vendor U-Haul			. —			Date of Transaction 04/20/2010		Amount
Street Address 116 Whalley Ave		City New Haven	Sta C		Zip Code 06511-3236			
Purpose of Expenditure TRVL	Description Transportation					Event#		
								\$84.42
Name of Issuing Institution Chase Card Services			x v	Credit Ca	urd: Master Card	Discover	Amer	rican
Name of Vendor Staples			. —			Date of Transaction 04/20/2010		Amount
Street Address 80 Boston Post Rd		City Orange	Sta C		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		¢23.31
								\$73.31

		IV. EXPENDITURES						
NAME OF COMMITTEE							Fl	ILING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Credi	it Ca	rd			
Name of Issuing Institution Chase Card Services			Type of Cr X Visa Oth	a	Master Card	Discover	Ame	rican
Name of Vendor Staples						Date of Transaction 04/20/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$174.89
Name of Issuing Institution Chase Card Services			Type of Cr X Visa Oth	a	Master Card	Discover	Ame	rican
Name of Vendor Staples						Date of Transaction 04/20/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
								\$202.96
Name of Issuing Institution Chase Card Services			Type of Cr X Visa Oth	a [urd: Master Card	Discover	Ame	rican
Name of Vendor Tyco						Date of Transaction 04/21/2010		Amount
Street Address 262 Elm St		City New Haven	State CT		Zip Code 06511-4768	<u></u>		
Purpose of Expenditure PRNT	Description Printing					Event#		¢46 32

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit Ca	ard		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Shell					Date of Transaction 04/21/2010	Amount
Street Address 335 Capitol Ave		City Hartford	State CT	Zip Code 06106-1412		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$45.75
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor Shell			<u> </u>		Date of Transaction 04/21/2010	Amount
Street Address 335 Capitol Ave		City Hartford	State CT	Zip Code 06106-1412		
Purpose of Expenditure TRVL	Description Gas				Event#	
						\$7.92
Name of Issuing Institution Chase Card Services	•		Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor Connecticut Public Affairs					Date of Transaction 04/21/2010	Amount
Street Address 21 Oak St		City Hartford	State CT	Zip Code 06106-8003		
Purpose of Expenditure OVHD	Description Media				Event#	\$67.79
					i	1 Sh / /U

		IV. EXPENDITURES							
NAME OF COMMITTEE						FIL	ING DUE DATE		
Lamont For Governor									
	P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	Americ	ean		
Name of Vendor Postmaster					Date of Transaction 04/22/2010		Amount		
Street Address 144 Rowayton Ave		City Norwalk	State CT	Zip Code 06853					
Purpose of Expenditure POST	Description Stamps		·		Event #				
			<u> </u>				\$17.60		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	Americ	an		
Name of Vendor Staples					Date of Transaction 04/22/2010		Amount		
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219					
Purpose of Expenditure OFFICE	Description Office Supplies				Event #				
							\$208.89		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	Americ	can		
Name of Vendor Staples					Date of Transaction 04/22/2010		Amount		
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219					
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		\$95.38		

		IV. EXPENDITURES					_	
NAME OF COMMITTEE							F	ILING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Credi	it Ca	rd		•	
Name of Issuing Institution Chase Card Services			Type of Cr X Visa Oth	ia [nrd: Master Card	Discover	Ame	rican
Name of Vendor Staples						Date of Transaction 04/23/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
								\$89.03
Name of Issuing Institution Chase Card Services			Type of Cr X Visa Oth	ia	Master Card	Discover	Ame	rican
Name of Vendor Staples						Date of Transaction 04/23/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$201.39
Name of Issuing Institution Chase Card Services			Type of Cr X Visa Oth	ia [urd: Master Card	Discover	Ame	rican
Name of Vendor Staples						Date of Transaction 04/23/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		¢60.39
						i		&PU 30

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit Ca	ırd		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Mr. Sparkle Car Wash					Date of Transaction 04/23/2010	Amount
Street Address 25 Pane Rd		City Newington	State CT	Zip Code 06111-5522		
Purpose of Expenditure EFV *	Description Vehicle				Event #	
						\$13.99
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Gulf					Date of Transaction 04/23/2010	Amount
Street Address 927 Park Ave		City Bridgeport	State CT	Zip Code 06604-3917		
Purpose of Expenditure TRVL	Description Gas				Event#	
						\$39.83
Name of Issuing Institution Chase Card Services	ı		Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Phillips 66			, 		Date of Transaction 04/24/2010	Amount
Street Address 2526 Albany Ave		City West Hartford	State CT	Zip Code 06117-2301		
Purpose of Expenditure TRVL	Description Gas				Event #	\$34.89
					i	• • • • • • • • • • • • • • • • • • • •

		IV. EXPENDITURES					_	
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Cro	edit Ca	rd			
Name of Issuing Institution Chase Card Services			X ·	f Credit Ca Visa	ard: Master Card	Discover	Amer	ican
Name of Vendor UPS						Date of Transaction 04/24/2010		Amount
Street Address 55 Glenlake Pkwy NE		City Atlanta		tate GA	Zip Code 30328-3474			
Purpose of Expenditure POST	Description Shipping					Event #		
								\$10.00
Name of Issuing Institution Chase Card Services			X.	f Credit Ca Visa	ard: Master Card	Discover	Amer	ican
Name of Vendor Staples			<u> </u>			Date of Transaction 04/25/2010		Amount
Street Address 80 Boston Post Rd		City Orange	St	tate T	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$47.69
Name of Issuing Institution Chase Card Services			X ·	f Credit Ca Visa	ard: Master Card	Discover	Amer	ican
Name of Vendor Staples						Date of Transaction 04/26/2010		Amount
Street Address 80 Boston Post Rd		City Orange	- 1	tate T	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		\$56.68
						i		\$56 6X

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	Р. Б	Expenses Incurred on Commit	tee Credit Ca	rd	·	
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor Staples					Date of Transaction 04/26/2010	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$68.86
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor Southwest Airlines					Date of Transaction 04/26/2010	Amount
Street Address PO Box 36647		City Dallas	State TX	Zip Code 75235-1647		
Purpose of Expenditure TRVL	Description Flight				Event#	
						\$466.40
Name of Issuing Institution Chase Card Services	•		Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor Hilton HHonors					Date of Transaction 04/26/2010	Amount
Street Address PO Box 9003		City Addison	State TX	Zip Code 75001		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event #	\$267.68

IV. EXPENDITURES NAME OF COMMITTEE Lamont For Governor P. Expenses Incurred on Committee Credit Card Name of Issuing Institution Type of Credit Card:	DATE
Lamont For Governor P. Expenses Incurred on Committee Credit Card	
P. Expenses Incurred on Committee Credit Card	nount
	nount
Nama of Issuina Institution	ount
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover American Other	nount
Name of Vendor Best Buy Date of Transaction Am 04/26/2010	
Street Address City State Zip Code 53 Boston Post Rd Orange CT 06477-3203	
Purpose of Expenditure Description Event # EFV * Computers	
	\$209.84
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover American Other	
Name of Vendor Cables for Less Date of Transaction Am 04/27/2010	nount
Street Address City State Zip Code 9093 S State Road 39 Mooresville IN 46158-7464	
Purpose of Expenditure Description Event # Cables EFV *	
	\$116.26
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover American Other	
Name of Vendor Date of Transaction Am Wings Sports Bar & Grill 04/27/2010	nount
Street Address City State Zip Code 20 Lindbergh Dr Ste 4 Hartford CT 06114-2132	
Purpose of Expenditure FOOD Food and Beverage Event # Food and Beverage	\$10.43

		IV. EXPENDITURES						
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Credit	Card			•	
Name of Issuing Institution Chase Card Services			Type of Credi	t Card: Master	r Card	Discover	Amer	ican
Name of Vendor Shell						Date of Transaction 04/27/2010		Amount
Street Address 335 Capitol Ave		City Hartford	State CT	Zip Code 06106-	1412			
Purpose of Expenditure TRVL	Description Gas					Event#		
								\$39.44
Name of Issuing Institution Chase Card Services			Type of Credi	t Card: Master	· Card	Discover	Amer	ican
Name of Vendor Staples						Date of Transaction 04/27/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3	3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$162.14
Name of Issuing Institution Chase Card Services	•		Type of Credi	t Card: Master	r Card	Discover	Amer	ican
Name of Vendor Staples						Date of Transaction 04/28/2010		Amount
Street Address 80 Boston Post Rd	_	City Orange	State CT	Zip Code 06477-:	3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		¢105.99

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	ttee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor B & H					Date of Transaction 04/28/2010	Amount
Street Address 420 9th Ave		City New York	State NY	Zip Code 10001-1644		
Purpose of Expenditure EFV *	Description Cameras				Event #	
						\$1,226.64
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor Adamos Garage					Date of Transaction 04/28/2010	Amount
Street Address 601 Center St		City Wallingford	State CT	Zip Code 06492-3809		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$33.20
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor Bruegger's					Date of Transaction 04/28/2010	Amount
Street Address 1 Whitney Ave		City New Haven	State CT	Zip Code 06510-1257		
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event#	\$8.24

		IV. EXPENDITURES						
NAME OF COMMITTEE							FI	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Cred	lit Ca	rd			
Name of Issuing Institution Chase Card Services			Type of C X Vi	г	Master Card	Discover	Amer	rican
Name of Vendor GoDaddy.com						Date of Transaction 04/28/2010		Amount
Street Address 14455 N Hayden Rd Ste 219)	City Scottsdale	Stat AZ		Zip Code 85260-6993			
Purpose of Expenditure WEB	Description Website Services					Event #		
								\$1,249.06
Name of Issuing Institution Chase Card Services			Type of C X Vi	г	ard: Master Card	Discover	Amer	rican
Name of Vendor Best Buy						Date of Transaction 04/29/2010		Amount
Street Address 53 Boston Post Rd		City Orange	Stat CT		Zip Code 06477-3203			
Purpose of Expenditure EFV *	Description Computers					Event #		
								\$657.17
Name of Issuing Institution Chase Card Services			Type of C X Vi	г	urd: Master Card	Discover	Amer	rican
Name of Vendor Walgreens			<u> </u>			Date of Transaction 04/29/2010		Amount
Street Address 88 York St		City New Haven	Stat CT		Zip Code 06511-5619			
Purpose of Expenditure FOOD	Description Food and Beverag	ge				Event#		¢12 30
								\$17.30

		IV. EXPENDITURES						
		TVI EMI EMBITORES						
NAME OF COMMITTEE							FII	LING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	ttee C	redit Ca	rd			
Name of Issuing Institution Chase Card Services			Type X	of Credit Ca Visa	rd: Master Card	Discover	Ameri	ican
Name of Vendor The Perfect Party				Date of Transaction 04/29/2010		Amount		
Street Address 2165 Dixwell Ave		City Hamden	- 1	State CT	Zip Code 06514-2116			
Purpose of Expenditure OFFICE	Description Office Supplies					Event #		
			T					\$12.36
Name of Issuing Institution Chase Card Services			Type X	of Credit Ca Visa Other	rd: Master Card	Discover	Ameri	ican
Name of Vendor Stop & Shop						Date of Transaction 04/29/2010		Amount
Street Address 370 Hemingway Ave		City East Haven	- 1	State CT	Zip Code 06512-3240			
Purpose of Expenditure FOOD	Description Food and Beverag	ge				Event #		
								\$83.84
Name of Issuing Institution Chase Card Services	•		Type X	of Credit Ca Visa	rd: Master Card	Discover	Ameri	ican
Name of Vendor Ikea			. —			Date of Transaction 04/30/2010		Amount
Street Address 450 Sargent Dr		City New Haven	- 1	State CT	Zip Code 06511-5907			
Purpose of Expenditure EFV *	Description Furniture					Event #		\$307.25

		IV. EXPENDITURES					_	
NAME OF COMMITTEE							F	ILING DUE DATE
Lamont For Governor								
	P. I	Expenses Incurred on Commit	tee Credit	Car	rd			
Name of Issuing Institution Chase Card Services			Type of Cred X Visa Other		rd: Master Card	Discover	Ame	Prican
Name of Vendor Lowe's						Date of Transaction 04/30/2010		Amount
Street Address 50 Boston Post Rd		City Orange	State CT		Zip Code 06477-3201			
Purpose of Expenditure EFV *	Description Equiptment					Event #		
Name of Issuing Institution Chase Card Services			Type of Cred X Visa Other		rd: Master Card	Discover	Ame	\$6.30 erican
Name of Vendor Staples			, —			Date of Transaction 04/30/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT		Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies					Event#		
								\$346.58
Name of Issuing Institution Chase Card Services	•		Type of Cred X Visa Other		rd: Master Card	Discover	Ame	erican
Name of Vendor Best Buy			_			Date of Transaction 04/30/2010		Amount
Street Address 53 Boston Post Rd		City Orange	State CT		Zip Code 06477-3203			
Purpose of Expenditure EFV *	Description Computers					Event #		
	1					I		\$52.99

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
	P. I	Expenses Incurred on Commit	tee Credit Ca	rd			
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	Master Card	Discover	American	
Name of Vendor Google					Date of Transaction 04/30/2010	Amount	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043-1351			
Purpose of Expenditure WEB	Description Website Services				Event #		
						\$173	3.10
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	Master Card	Discover	American	
Name of Vendor UPS					Date of Transaction 05/01/2010	Amount	
Street Address 55 Glenlake Pkwy NE		City Atlanta	State GA	Zip Code 30328-3474			
Purpose of Expenditure POST	Description Shipping				Event#		
						\$62	2.60
Name of Issuing Institution Chase Card Services			Type of Credit Ca X Visa Other	ard: Master Card	Discover	American	
Name of Vendor Stop & Shop					Date of Transaction 05/02/2010	Amount	
Street Address 370 Hemingway Ave		City East Haven	State CT	Zip Code 06512-3240			
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event #	ėt	5.82

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit Ca	ırd		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Old Nutmeg Shoppe					Date of Transaction 05/03/2010	Amount
Street Address 22 Main St		City New Britain	State CT	Zip Code 06051-2508		
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event #	
			ı			\$6.65
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Mobil			<u> </u>		Date of Transaction 05/03/2010	Amount
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$45.11
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Bru Cafe					Date of Transaction 05/03/2010	Amount
Street Address 141 Orange St		City New Haven	State CT	Zip Code 06510-3111	<u></u>	
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event #	
						¢4 47

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. F	Expenses Incurred on Commit	tee Credit Ca	rd	,	
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor 21st Century Business					Date of Transaction 05/03/2010	Amount
Street Address 16 Mount Ebo Rd S Ste 4		City Brewster	State NY	Zip Code 10509-4038]	
Purpose of Expenditure EFV *	Description Printers				Event #	
						\$1,958.60
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Christy's on Orange					Date of Transaction 05/04/2010	Amount
Street Address 261 Orange St		City New Haven	State CT	Zip Code 06510-1715		
Purpose of Expenditure FOOD	Description Food and Beverag	ie			Event #	
						\$7.36
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Mobil					Date of Transaction 05/04/2010	Amount
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806		
Purpose of Expenditure TRVL	Description Gas				Event #	

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor Staples					Date of Transaction 05/04/2010	Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$64.10
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor Splash			· 		Date of Transaction 05/04/2010	Amount
Street Address 73 E Putnam Ave		City Cos Cob	State CT	Zip Code 06807-2607		
Purpose of Expenditure EFV *	Description Vehicle				Event #	
						\$17.99
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	Card: Master Card	Discover	American
Name of Vendor The Fisherman Restaurant					Date of Transaction 05/05/2010	Amount
Street Address 937 Groton Long Point Rd		City Groton	State CT	Zip Code 06340-5606	<u></u>	
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event #	
					1	\$1,250,80

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	ttee Credit Ca	nrd		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor PC Richard & Son					Date of Transaction 05/05/2010	Amount
Street Address 1574 Boston Post Rd		City Milford	State CT	Zip Code 06460-2707		
Purpose of Expenditure EFV *	Description Computers				Event #	
						\$2,607.44
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Bestway Kwik Stop					Date of Transaction 05/05/2010	Amount
Street Address 74 Friendship St		City Westerly	State RI	Zip Code 02891-1543		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$35.88
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Gulf					Date of Transaction 05/06/2010	Amount
Street Address 927 Park Ave		City Bridgeport	State CT	Zip Code 06604-3917		
Purpose of Expenditure TRVL	Description				Event #	\$39.97

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit Ca	ırd		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Freedom Voice System					Date of Transaction 05/06/2010	Amount
Street Address 169 Saxony Rd Ste 212		City Encinitas	State CA	Zip Code 92024-6781		
Purpose of Expenditure EFV *	Description Phones				Event #	
						\$1,811.34
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Black Eyed Sallys					Date of Transaction 05/07/2010	Amount
Street Address 350 Asylum St		City Hartford	State CT	Zip Code 06103-2003		
Purpose of Expenditure FOOD	Description Food and Beverag	ie			Event#	
						\$1,841.46
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor UPS					Date of Transaction 05/08/2010	Amount
Street Address 55 Glenlake Pkwy NE		City Atlanta	State GA	Zip Code 30328-3474		
Purpose of Expenditure POST	Description Shipping				Event #	\$12.68

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit Ca	ırd		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Shell					Date of Transaction 05/10/2010	Amount
Street Address 335 Capitol Ave		City Hartford	State CT	Zip Code 06106-1412		
Purpose of Expenditure TRVL	Description Gas				Event #	
			Г			\$49.00
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Shell			<u> </u>		Date of Transaction 05/11/2010	Amount
Street Address 335 Capitol Ave		City Hartford	State CT	Zip Code 06106-1412		
Purpose of Expenditure TRVL	Description Gas				Event #	
						\$18.00
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Rightway Gate Inc.					Date of Transaction 05/11/2010	Amount
Street Address 5858 Edison Pl		City Carlsbad	State CA	Zip Code 92008-6519		
Purpose of Expenditure WEB	Description Web Site				Event #	\$69.00
						ERU III

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor							
	Р. Е	Expenses Incurred on Commit	tee Credit Ca	rd			
Name of Issuing Institution Chase Card Services			Type of Credit C	ard: Master Card	Discover	American	1
Name of Vendor Staples					Date of Transaction 05/11/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies		•		Event #		452.20
Name of Issuing Institution			Type of Credit Ca	ard:			\$53.38
Chase Card Services			X Visa Other	Master Card	Discover	American	1
Name of Vendor Staples					Date of Transaction 05/11/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies				Event#		
							\$105.99
Name of Issuing Institution Chase Card Services			Type of Credit Ca	ard: Master Card	Discover	American	1
Name of Vendor Staples					Date of Transaction 05/11/2010		Amount
Street Address 80 Boston Post Rd		City Orange	State CT	Zip Code 06477-3219			
Purpose of Expenditure OFFICE	Description Office Supplies				Event#		\$196.04

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	ttee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor BAR					Date of Transaction 05/11/2010	Amount
Street Address 254 Crown St		City New Haven	State CT	Zip Code 06511-6610		
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event #	
						\$298.22
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor					Date of Transaction 05/11/2010	Amount
Street Address 254 Crown St		City New Haven	State CT	Zip Code 06511-6610		
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event#	
						\$318.60
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Cables for Less					Date of Transaction 05/11/2010	Amount
Street Address 9093 S State Road 39		City Mooresville	State IN	Zip Code 46158-7464		
Purpose of Expenditure EFV *	Description Cables				Event#	\$30.60

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	ttee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit (X Visa Other	Card: Master Card	Discover	American
Name of Vendor Apple					Date of Transaction 05/12/2010	Amount
Street Address 7 Backus Ave		City Danbury	State CT	Zip Code 06810-7422		
Purpose of Expenditure EFV *	Description Computers				Event #	
						\$332.79
Name of Issuing Institution Chase Card Services			Type of Credit (X Visa Other	Card: Master Card	Discover	American
Name of Vendor Bogeys Pub & Restaurant					Date of Transaction 05/12/2010	Amount
Street Address 1301 Torringford West St		City Torrington	State CT	Zip Code 06790-3052		
Purpose of Expenditure FOOD	Description Food and Beverag	ge			Event #	
						\$788.00
Name of Issuing Institution Chase Card Services			Type of Credit (XX Visa Other	Card: Master Card	Discover	American
Name of Vendor Greenwich Auto Service					Date of Transaction 05/13/2010	Amount
Street Address 111 W Putnam Ave		City Greenwich	State CT	Zip Code 06830-5329	<u></u>	
Purpose of Expenditure EFV *	Description Vehicle				Event #	\$50.00
						£50.00

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit (Card		
Name of Issuing Institution Chase Card Services			Type of Credit Visa X Other	Card: Master Card	Discover	American
Name of Vendor UPS					Date of Transaction 05/16/2010	Amount
Street Address 55 Glenlake Pkwy NE		City Atlanta	State GA	Zip Code 30328-3474		
Purpose of Expenditure POST	Description Shipping				Event#	
			T			\$51.82
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Wristband Express			<u> </u>		Date of Transaction 05/17/2010	Amount
Street Address 21365 Gateway Ct Ste 100		City Brookfield	State WI	Zip Code 53045-5149		
Purpose of Expenditure OFFICE	Description Office Supplies				Event#	
						\$76.81
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Staples Direct					Date of Transaction 05/17/2010	Amount
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE	Description Office Supplies				Event#	\$233.02

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	Р. Б	Expenses Incurred on Commit	tee Credit Ca	rd		
Name of Issuing Institution Chase Card Services			Type of Credit C	ard: Master Card	Discover	American
Name of Vendor Shell Oil					Date of Transaction 05/18/2010	Amount
Street Address 83 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-5611		
Purpose of Expenditure TRVL	Description Travel		·		Event#	
						\$45.10
Name of Issuing Institution Chase Card Services			Type of Credit Co	ard: Master Card	Discover	American
Name of Vendor B & H					Date of Transaction 05/18/2010	Amount
Street Address 420 9th Ave		City New York	State NY	Zip Code 10001-1644		
Purpose of Expenditure EFV *	Description Equipment				Event#	
						\$418.59
Name of Issuing Institution Chase Card Services	•		Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor Amazon.com					Date of Transaction 05/19/2010	Amount
Street Address 1516 2nd Ave		City Seattle	State WA	Zip Code 98101-1543		
Purpose of Expenditure EFV *	Description Equiptment				Event #	\$397.27

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Connecticut Expo Center					Date of Transaction 05/19/2010	Amount
Street Address 265 Reverend Moody Opas		City Hartford	State CT	Zip Code 06120-1508		
Purpose of Expenditure FOOD	Description Food				Event #	
						\$2,126.36
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Michaels					Date of Transaction 05/20/2010	Amount
Street Address 170 Universal Dr N		City North Haven	State CT	Zip Code 06473-3117		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$16.95
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Best Buy					Date of Transaction 05/20/2010	Amount
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203		
Purpose of Expenditure EFV *	Description Equiptment				Event #	\$337.04
					1	£ 4 4 / 11/1

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILING DUE D	ATE
Lamont For Governor							
	P. F	Expenses Incurred on Commit	tee Credit Ca	rd	,		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American	
Name of Vendor Target					Date of Transaction 05/20/2010	Amou	nt
Street Address 200 Universal Dr N		City North Haven	State CT	Zip Code 06473-3156]		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover A Other					American	\$8.47	
Name of Vendor The Home Depot			. 		Date of Transaction 05/20/2010	Amou	nt
Street Address 75 Frontage Rd		City East Haven	State CT	Zip Code 06512-2102			
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		
							\$51.79
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American	
Name of Vendor US 1 Petrol					Date of Transaction 05/20/2010	Amou	nt
Street Address 498 Post Rd		City Darien	State CT	Zip Code 06820-3608			
Purpose of Expenditure TRVL	Description Travel				Event #		442.45

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	ttee Credit Ca	nrd		
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Staples					Date of Transaction 05/20/2010	Amount
Street Address 2550 Albany Ave		City West Hartford	State CT	Zip Code 06117		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$103.65
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	'ard: Master Card	Discover	American
Name of Vendor The Home Depot					Date of Transaction 05/20/2010	Amount
Street Address 111 Universal Dr		City North Haven	State CT	Zip Code 06473-3653		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$5.28
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Priceless and Rent A Wreck					Date of Transaction 05/21/2010	Amount
Street Address 925 Foxon Rd		City East Haven	State CT	Zip Code 06513-1842	<u> </u>	
Purpose of Expenditure TRVL	Description Travel				Event #	¢622.99

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILI	ING DUE DATE
Lamont For Governor							
	P. I	Expenses Incurred on Commit	tee Credit Ca	ırd			
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	America	an
Name of Vendor Walgreens					Date of Transaction 05/21/2010		Amount
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure TRVL	Description Stipend for Food,	Gas, Travel	·		Event#		
						\perp	\$1,623.75
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	America	an
Name of Vendor Walgreens					Date of Transaction 05/21/2010		Amount
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure TRVL	Description Stipend for Food,	Gas, Travel			Event #		
							\$1,753.65
Name of Issuing Institution Chase Card Services			Type of Credit C X Visa Other	ard: Master Card	Discover	America	an
Name of Vendor Pigs Eye Pub					Date of Transaction 05/21/2010		Amount
Street Address 356 Asylum St		City Hartford	State CT	Zip Code 06103-2003			
Purpose of Expenditure OVHD	Description Event Space				Event#		\$2.000.00

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	ttee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit (XX Visa Other	Card: Master Card	Discover	American
Name of Vendor Black Eyed Sallys					Date of Transaction 05/21/2010	Amount
Street Address 350 Asylum St		City Hartford	State CT	Zip Code 06103-2003		
Purpose of Expenditure FOOD	Description Food				Event#	
						\$3,000.00
Name of Issuing Institution Chase Card Services			Type of Credit O X Visa Other	Card: Master Card	Discover	American
Name of Vendor Demers Expo Services, Inc.			<u> </u>		Date of Transaction 05/21/2010	Amount
Street Address 180 Johnson St		City Middletown	State CT	Zip Code 06457-2247		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$2,509.29
Name of Issuing Institution Chase Card Services			Type of Credit (X Visa Other	Card: Master Card	Discover	American
Name of Vendor Darien Car Clinic					Date of Transaction 05/21/2010	Amount
Street Address 93 Post Rd		City Darien	State CT	Zip Code 06820-2900		
Purpose of Expenditure EFV *	Description Vehicle				Event#	
	1					¢21 95

NAME OF COMMITTEE Lamont For Governor P. Expenses Incurred on Committee Credit Card Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover American	
Lamont For Governor P. Expenses Incurred on Committee Credit Card Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover American	
P. Expenses Incurred on Committee Credit Card Type of Credit Card: Chase Card Services Type of Credit Card: X Visa Master Card Discover American	
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover American	
Chase Card Services	
Other	
Name of Vendor Date of Transaction Amount Nathan Hale Inn 05/21/2010	
Street Address City State Zip Code 855 Bolton Rd Mansfield CT 06268-1719	
Purpose of Expenditure FOOD Food Food Event #	
\$1	,289.17
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover American Other	
Name of Vendor Date of Transaction Amount Lexis Nexis 05/21/2010	
Street Address City State Zip Code 9443 Springboro Pike Miamisburg OH 45342-5490	
Purpose of Expenditure OVHD Information Services Event #	
	\$155.54
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover American Other	
Name of Vendor Date of Transaction Amount Fedex/Kinko's 05/21/2010	
Street Address City State Zip Code 196 Trumbull St Hartford CT 06103	
Purpose of Expenditure PRNT Printing Event #	2.067.00

NAME OF COMMITTEE							
Name of Young Institution Character Carry State Carry Carr			IV. EXPENDITURES				
Name of Name	NAME OF COMMITTEE						FILING DUE DATE
Name of Souring Intentions	Lamont For Governor						
Name of Vender Name of Issuing Institution Description Hotel for Staff		P. I	Expenses Incurred on Commit	ttee Credit (Card		
Rice Ald Since Aldress City New Haven State City Office Supplies Office Supplies City Office Supplies City Office Supplies				X Visa		rd Discover	American
Second Content Second						l l	Amount
OFFICE OFfice Supplies Same of Issuing Institution Chase Card Services			-	ı		04	
Name of Issuing Institution Chase Card Services X Visa						Event#	
Chase Card Services X Visa							\$35.67
Hilton Hotels				X Visa		rd Discover	American
Street Address 315 Trumbull St				· 			Amount
Name of Issuing Institution Chase Card Services Name of Vendor Hilton Hotels Street Address 315 Trumbull St Purpose of Expenditure TRVL Hotel for Staff Hotel for Staff Staff Staff Type of Credit Card: X			•	I			
Name of Issuing Institution Chase Card Services X Visa		-				Event#	
Chase Card Services X Visa							\$147.84
Hilton Hotels Street Address 315 Trumbull St Purpose of Expenditure TRVL Hotel for Staff City Hartford City Hartford CT State CT 06103-1137 Event # Event #	· ·			X Visa		rd Discover	American
Purpose of Expenditure TRVL Hartford CT 06103-1137 Event # Event #				, <u>—</u>			Amount
TRVL Hotel for Staff				ı		37	
		_				Event#	¢147.84

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event #	
						\$147.84
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	
						\$147.84
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	¢147.84
					1	1 514/84

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event #	
						\$147.84
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	
						\$147.84
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	¢147.84
					1	1 514/84

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	
						\$147.84
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	
						\$147.84
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	\$162.84

IV. EXPENDITURES NAME OF COMMITTEE Lamont For Governor P. Expenses Incurred on Committee Credit Card	FILING DUE DATE
Lamont For Governor	
	American
P. Expenses Incurred on Committee Credit Card	American
	American
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover Are Other	
Name of Vendor Hilton Hotels Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St 415 Trumbull St 515 Trumbull St 516 City 6103-1137	
Purpose of Expenditure TRVL Description Hotel for Staff Event #	
	\$193.34
Name of Issuing Institution Chase Card Services Type of Credit Card: X Visa Master Card Discover And Other	American
Name of Vendor Hilton Hotels Date of Transaction 05/22/2010	Amount
Street Address City State Zip Code 315 Trumbull St Hartford CT 06103-1137	
Purpose of Expenditure TRVL Description Hotel for Staff Event #	
	\$162.84
Name of Issuing Institution Chase Card Services Type of Credit Card: x Visa Master Card Discover And Other	American
Name of Vendor Hilton Hotels Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St Hartford State Zip Code CT 06103-1137	
Purpose of Expenditure TRVL Description Hotel for Staff Event #	\$147.84

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	ttee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit (X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event #	
						\$328.92
Name of Issuing Institution Chase Card Services			Type of Credit (X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	
						\$147.84
Name of Issuing Institution Chase Card Services			Type of Credit (X) Visa Other	Card: Master Card	Discover	American
Name of Vendor Hilton Hotels					Date of Transaction 05/22/2010	Amount
Street Address 315 Trumbull St		City Hartford	State CT	Zip Code 06103-1137		
Purpose of Expenditure TRVL	Description Hotel for Staff				Event#	¢147.84

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Connecticut Expo Center					Date of Transaction 05/22/2010	Amount
Street Address 265 Reverend Moody Opas		City Hartford	State CT	Zip Code 06120-1508		
Purpose of Expenditure FOOD	Description Food				Event #	
						\$150.00
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Kelly Transit Company			<u> </u>		Date of Transaction 05/22/2010	Amount
Street Address 53 John St		City Torrington	State CT	Zip Code 06790-5308		
Purpose of Expenditure TRVL	Description Transportation				Event#	
						\$700.00
Name of Issuing Institution Chase Card Services			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Greenwich Auto Service					Date of Transaction 05/24/2010	Amount
Street Address 111 W Putnam Ave		City Greenwich	State CT	Zip Code 06830-5329		
Purpose of Expenditure EFV *	Description Vehicle				Event #	\$45.50

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commi	ttee Credit Ca	rd		
Name of Issuing Institution Chase Card Services			Type of Credit Co	ard: Master Card	Discover	American
Name of Vendor Priceless and Rent A Wreck			<u> </u>		Date of Transaction 05/24/2010	Amount
Street Address 925 Foxon Rd		City East Haven	State CT	Zip Code 06513-1842		
Purpose of Expenditure TRVL	Description Travel				Event #	
						\$180.00
Name of Issuing Institution Chase Card Services			Type of Credit Color Visa X Other	Master Card	Discover	American
Name of Vendor Pigs Eye Pub					Date of Transaction 05/24/2010	Amount
Street Address 356 Asylum St		City Hartford	State CT	Zip Code 06103-2003		
Purpose of Expenditure OVHD	Description Event Space				Event #	
						\$9,449.85
Name of Issuing Institution Chase Card Services	-		Type of Credit Co	ard: Master Card	Discover	American
Name of Vendor Staples Direct					Date of Transaction 05/24/2010	Amount
Street Address 500 Staples Dr	_	City Framingham	State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	¢13.77

		IV EXPENDITUDES				
		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						
	P. I	Expenses Incurred on Commit	tee Credit Ca	rd		
Name of Issuing Institution Chase Card Services			Type of Credit Ca	ard: Master Card	Discover	American
Name of Vendor Staples Direct					Date of Transaction 05/24/2010	Amount
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$45.10
Name of Issuing Institution Chase Card Services			Type of Credit Countries Visa Other	ard: Master Card	Discover	American
Name of Vendor Staples Direct					Date of Transaction 05/24/2010	Amount
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE	Description Office Supplies				Event #	
						\$190.75
Name of Issuing Institution Chase Card Services			Type of Credit Co	ard: Master Card	Discover	American
Name of Vendor UPS					Date of Transaction 05/24/2010	Amount
Street Address 55 Glenlake Pkwy NE		City Atlanta	State GA	Zip Code 30328-3474		
Purpose of Expenditure OVHD	Description Shipping				Event #	¢49.72

		IV. EXPENDITURES							
NAME OF COMMITTEE						FI	LING DUE DATE		
Lamont For Governor									
P. Expenses Incurred on Committee Credit Card									
Name of Issuing Institution Chase Card Services			pe of Credit Ca Visa (Discover	Amer	rican		
Name of Vendor Direct TV					Date of Transaction 05/26/2010		Amount		
Street Address PO Box 9001069		City Louisville	State KY	Zip Code 40290-1069					
Purpose of Expenditure OVHD	Description TV				Event #				
							\$104.27		
					Total of Section	P	\$64,887.79		

IV. EXPENDITURES								
NAME OF CO	MMITTEE				FILING DU	E DATE		
Lamont For C	Governor							
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Blue State Dig	ital		Date Incurred 05/01/2010	Event #		Amount Incurred (Estimate or		
Street Address 734 15th St N	W Ste 1200	City Washington	,	State DC	Zip Code 20005	Actual)		
Purpose of Expenditure WEB	Description Web Site							
Is this expenditure which reimbursemed Yes No		date(s) Name	Office Sought			\$500.00		
Name of Creditor Marcus Comm	unications, LLC		Date Incurred 05/21/2010	Event #		Amount Incurred (Estimate or		
Street Address 275 New State	₽ Rd	City Manchester	,	State CT	Zip Code 06042-1810	Actual)		
Purpose of Expenditure EFV *	Description Equiptment							
Is this expenditure which reimbursement Yes X No		date(s) Name	Office Sought			\$3,879.55		

	IV. EXI	PENDITURES					
NAME OF CO	OMMITTEE				FILING D	UE DATE	
Lamont For C	Governor						
	Q. Expenses Incurred By Co	mmittee but Not Paid Dur	ing this Period		•		
Name of Creditor Chase Card Se	ervices		Date Incurred 05/26/2010	Event #		Amount Incurred (Estimate or	
Street Address PO Box 15153		City Wilmington		State DE	Zip Code 19886-5153	Actual)	
Purpose of Expenditure CCP	Description Credit Card Debt as of						
Is this expenditure which reimbursemed Yes X No		date(s) Name	Office Sought			\$19,118.11	
Name of Creditor The Harty Pres	ss Inc.		Date Incurred 05/26/2010	Event #		Amount Incurred (Estimate or	
Street Address 25 James St ,	P.O. Box 324	City New Haven		State CT	Zip Code 06513	Actual)	
Purpose of Expenditure PRNT	Description Printing						
Is this expenditure which reimbursement which reimbursement Yes X No		date(s) Name	Office Sought			\$3,907.62	
				Total o	f Section ()	\$27 405 28	

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Abbey, Joe Secondary Payee			ayment 2010 f Expenditure	Method of Paym X Check # 1147		Amount	
Pro Park		TRVL	•	Debit Card	i		
Street Address 40 Temple St	City Hartford	•	State CT	Zip Code 06103-1318			
	idate(s) Name	Office	Sought	Event#			
which reimbursement is sought? Yes No						\$15.00	
Name of Worker/Consultant Administaff			Date of Payment 04/15/2010		nent	Amount	
Secondary Payee Seth Bannon		Purpose o	f Expenditure	Wire Debit Card	i		
Street Address 54 Wauwinet Ct	City Guilford		State CT	Zip Code 06437-1101	L		
Description Payroll				Event#			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$2,000.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Administaff 0		Date of Payment 04/15/2010		Method of Paym X Check # Wire	ent	ent Amount	
Jared Kupiec		WAGE	f Expenditure	Debit Card	i		
Street Address 311 Quaker Ln S	City West Hartford	•	State CT	Zip Code 06119-2220			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$3,250.00	
Name of Worker/Consultant Tyson, Audrey		Date of Payment 04/15/2010		Method of Payment X Check #		Amount	
Secondary Payee Dollar Tree Stores Inc.		Purpose o	f Expenditure	1146 Debit Card	i		
Street Address 126 Amity Rd	City New Haven		State CT	Zip Code 06515-1405	5		
Description office supplies				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	,		\$25.44	

IV. E	Whenthirtibec						
IV. E	XPENDITURES				Ι		
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Administaff		Date of Pourpose of		Method of Paym X Check # Wire Debit Care		Amount	
Jennifer Just	1	WAGE	1	Debit care			
Street Address 157 Center Rd	City Woodbridge		State CT	Zip Code 06525-1840			
Description Payroll			•	Event #			
	idate(s) Name	Office	Sought				
which reimbursement is sought? Yes No						\$2,000.00	
Name of Worker/Consultant Administaff		Date of Payment 04/15/2010		Method of Paym	nent	Amount	
Secondary Payee Fletcher Gibson, IV			f Expenditure	Wire Debit Card	i		
Street Address 111 Park St Apt 6R	City New Haven		State CT	Zip Code 06511-5456	5		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,750.00	

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Lamont For Governor						
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Administaff Secondary Payee	ninistaff ndary Payee		Date of Payment 04/15/2010 Purpose of Expenditure		nent	Amount
Jason Watson Street Address 169 Orange St	City New Haven	WAGE	State CT	Zip Code 06510-3111		
Description Payroll				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$969.36
Name of Worker/Consultant Administaff		Date of Payment 04/15/2010		Method of Payment X Check #		Amount
Secondary Payee Gabe Rosenberg		Purpose o	of Expenditure	Wire Debit Card	i	
Street Address 270 Thorton St	City Hamden		State CT	Zip Code 06517		
Description Payroll				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$4,000.00

IV. EXPENDITURES								
	ZILIVDITORES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Date of Payment Method of Pay			Method of Paym	ent	Amount			
Administaff		04/15/	2010	X Check #				
Secondary Payee		Purpose of Expenditure		Wire Debit Card	ı			
Ruth Yorke	T	WAGE	1					
Street Address 7 Ridge Rd	City Cos Cob		State CT	Zip Code 06807-2309		Zip Code 06807-2309		
Description	•		!	Event #		•		
Payroll								
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes No						\$1,029.17		
		1		1		. , , , ,		
Name of Worker/Consultant Administaff		Date of Payment 04/15/2010		Method of Payment X Check #		Amount		
				Wire				
Secondary Payee Rebecca Slutzky		Purpose o	f Expenditure	Debit Card	ı			
Street Address	a:	WAGE		7: 0.1				
2417 Northfield Rd	City Charlottesville		State VA	Zip Code 22901-1727	,			
Description Payroll				Event #				
rayion								
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$3,000.00		

IV. EXPENDITURES								
1V. E.	AFENDITURES				1			
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 04/15/2010		Method of Paym	ent	Amount		
Secondary Payee Joe Abbey		Purpose of Expenditure WAGE		Wire Debit Card	i			
Street Address 1600 N Oak St Apt 11	City Arlington		State VA	Zip Code 22209				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$6,750.00		
Name of Worker/Consultant Administaff		Date of P		Method of Paym	ent	Amount		
Secondary Payee		Purpose o	of Expenditure	Wire Debit Card	i			
Street Address 38 Klondike Ave	City Stamford	WAGE	State CT	Zip Code 06907				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,750.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 04/15/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Eric Bragg		Purpose of Expenditure WAGE				Wire Debit Card	l	
Street Address 396 Mansfield Ave	City Darien		State CT	Zip Code 06820-2112				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,029.17		
Name of Worker/Consultant Administaff		Date of Payment 04/15/2010		Method of Payment X Check #		Amount		
Secondary Payee Jennifer Butler		Purpose o	f Expenditure	Wire Debit Card	1			
Street Address 21 Temple St Apt 807	City Hartford		State CT	Zip Code 06103-1325	5			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$2,500,00		

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Administaff Secondary Payee	Iministaff		Date of Payment 04/15/2010 Purpose of Expenditure		ent	Amount	
Marc C Bradley		WAGE	1	Debit Card	i		
Street Address 29 Yarmouth Rd Apt T	City Norwalk	•	State CT	Zip Code 06853-1856			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought				
Yes X No						\$3,000.00	
Name of Worker/Consultant Administaff			Date of Payment 04/15/2010		ent	Amount	
Secondary Payee Andrew Callahan		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 47 Metacomet Rd	City Farmington		State CT	Zip Code 06032-1801	L		
Description Payroll				Event #			
			g t				
which reimbursement is sought? Yes	idate(s) Name	Office	Sought				
X No						\$1,250.00	

IV. EXPENDITURES										
NAME OF COMMITTEE					FILI	NG DUE DATE				
Lamont For Governor										
R. Itemization of Reimburse	ements to Committee Work	kers and	Consultants							
		Date of Payment 04/16/2010		Method of Paym X Check #	ent	nt Amount				
Secondary Payee Postmaster		Purpose of Expenditure POST						1202 Debit Card	l	
Street Address 144 Rowayton Ave	City Norwalk		State CT	Zip Code 06853						
Description postage				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$13.80				
Name of Worker/Consultant Administaff		Date of Page 04/16/		Method of Paym	ent	Amount				
Secondary Payee Ryan Cook		Purpose o	of Expenditure	Wire Debit Card	l					
Street Address 499 Charles St	City Torrington		State CT	Zip Code 06790-3420)					
Description Payroll				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	date(s) Name	Office	Sought	•		¢1 500 00				

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 04/16/2010		Method of Paym X Check # Wire	ent	nt Amount		
Secondary Payee Justine Sessions			Purpose of Expenditure WAGE		I			
Street Address 2939 Van Ness St NW	City Washington		State Zip Code DC 20008-4631					
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$3,000.00		
Name of Worker/Consultant Administaff		Date of Payment 04/16/2010		Method of Payment X Check #		Amount		
Secondary Payee Justine Sessions		Purpose o	of Expenditure	Wire Debit Card	I			
Street Address 2939 Van Ness St NW	City Washington		State DC	Zip Code 20008-4631				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢3 276 88		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Administaff 0		Date of Payment 04/16/2010 Purpose of Expenditure		Method of Paym X Check # Wire		Amount	
Daniel J Gross		WAGE		Debit Card	i		
Street Address 94 William St Apt 1	City New Haven		State CT	Zip Code 06511-4939			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$4,000.00	
Name of Worker/Consultant Administaff		Date of Payment 04/21/2010		Method of Payment X Check #		Amount	
Secondary Payee Alexis Gomez		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 458 Marvin Ave	City Hackensack		State NJ	Zip Code 07601-1128	3		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	,		\$1,500.00	

IV. EXPENDITURES								
IV. E.	AFENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Date of Payment Method of Payment					ent	Amount		
Kupiec, Jared		04/21/	2010	X Check #				
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD				1085 Debit Card	I	
Street Address PO Box 15062	City Albany	1	State NY	Zip Code 12212-5062	1			
Description cell phone	1.133.17		1	Event #	-			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$150.00		
				1				
Name of Worker/Consultant Callahan, Andrew		Date of Pa 04/21/		Method of Paym X Check #	ent	Amount		
Secondary Payee		Purpose o	f Expenditure	1094				
Verizon Wireless		OVHD		Debit Card	I			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2			
Description cell phone				Event#				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$115.77		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
			ayment	Method of Paym	ent	ent Amount		
Secondary Payee AT&T			f Expenditure	1084 Debit Card	i			
Street Address PO Box 8110	City Aurora		State IL	1 *				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$150.00		
Name of Worker/Consultant Tyson, Audrey		Date of Pa		Method of Paym X Check #	ent	Amount		
Secondary Payee AT&T		Purpose o	f Expenditure	1065 Debit Card	i			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			\$81.66		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
			Date of Payment 04/21/2010		ent	Amount		
Secondary Payee AT&T			f Expenditure	1068 Debit Card	i			
Street Address PO Box 8110	City Aurora		State IL	•				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$150.00		
Name of Worker/Consultant Van Cleave, Margaret		Date of Payment 04/21/2010		Method of Payment X Check #		Amount		
Secondary Payee AT&T		Purpose o	f Expenditure	1069 Debit Card	i			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢150.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
		Date of Payment 04/21/2010		Method of Paym X Check # 1067	ent	nt Amount		
Secondary Payee AT&T	Purpose of Expenditure OVHD				Purpose of Expenditure		l	
Street Address PO Box 8110	City Aurora		State Zip Code IL 60507					
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$60.00		
Name of Worker/Consultant Marc Bradley		Date of Pa		Method of Paym X Check #	ent	Amount		
Secondary Payee AT&T		Purpose o	f Expenditure	1093 Debit Card				
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢150.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
		Date of Payment 04/21/2010		Method of Paym	ent	nt Amount		
Secondary Payee AT&T		Purpose of Expenditure OVHD		Purpose of Expenditure		1097 Debit Card	i	
Street Address PO Box 8110	City Aurora		State Zip Code IL 60507					
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$150.00		
Name of Worker/Consultant Just, Jennifer		Date of Pa 04/21/		Method of Paym X Check #	ent	Amount		
Secondary Payee AT&T		Purpose o	f Expenditure	1090 Debit Card	i			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		¢150.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Date of Payment Method of Payr			ent	Amount				
Albert, Elvira		04/21/	2010	X Check # 1082				
Secondary Payee Sprint			of Expenditure	Debit Card	i			
Street Address PO Box 105243	City Atlanta	OVHD	State GA	Zip Code 30348-5243				
Description cell phone	!			Event #				
which reimbursement is sought? Yes	idate(s) Name	Office	Sought			4470.00		
LX No		1		1		\$170.00		
Name of Worker/Consultant		Date of P		Method of Paym	ent	Amount		
Rosenberg, Gabe		04/21/2010		1083 Check #				
Secondary Payee Sprint		Purpose o	of Expenditure	Debit Card	i			
Street Address	City		State	Zip Code				
PO Box 105243 Description	Atlanta		GA	30348-5243	3			
cell phone				Event #				
T =	idate(s) Name	Office	Sought					
which reimbursement is sought? Yes								
X No						\$150.00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Payment 04/21/2010		Method of Paym X Check #	ent	Amount	
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	Debit Card	i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	<u> 2</u>		
Description cell phone				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$136.01	
Name of Worker/Consultant Slutzky, Rebecca		Date of Payment 04/21/2010		Method of Paym	ent	Amount	
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	1064 Debit Card	i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description cell phone				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	,		\$150.00	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 04/21/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD		1096 Debit Card	l			
Street Address PO Box 15062	City Albany	State Zip Code NY 12212-50		Zip Code 12212-5062				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$150.00		
Name of Worker/Consultant Sessions, Justine		Date of Pa 04/21/		Method of Paym X Check #	ent	Amount		
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	1063 Debit Card	l			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	!			
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢150.00		

IV. E	XPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE				
Lamont For Governor										
R. Itemization of Reimbursements to Committee Workers and Consultants										
		Date of Payment 04/21/2010		Method of Paym X Check #	ent	Amount				
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD						1092 Debit Card	i	
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2					
Description cell phone				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$61.36				
Name of Worker/Consultant Popp, Kelly		Date of Payment 04/21/2010		Method of Payment X Check #		Amount				
Secondary Payee Credo Mobile		Purpose o	of Expenditure	1086 Debit Card	i					
Street Address PO Box 480010	City Atlanta		State GA	Zip Code 30346-0010)					
Description cell phone				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$52.00				

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
			ayment 2010	Method of Paym X Check #	ent	Amount	
Secondary Payee Sprint		Purpose o	of Expenditure	1091 Debit Card	i		
Street Address PO Box 105243	City Atlanta		State GA	Zip Code 30348-5243	3		
Description cell phone				Event #			
which reimbursement is sought? Yes	lidate(s) Name	Office	Sought			\$101.64	
		1		1		\$101.04	
Name of Worker/Consultant Yorke, Ruth		Date of Payment 04/21/2010		Method of Paym	ent	Amount	
Secondary Payee Verizon Wireless		Purpose o	of Expenditure 1081 Debit Card		i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	<u> </u>		
Description cell phone				Event #			
which reimbursement is sought?	lidate(s) Name	Office	Sought	1			
Yes X No						\$115.25	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Worl	kers and	Consultants					
		Date of Payment 04/21/2010		Method of Paym X Check #	ent	nt Amount		
Secondary Payee AT&T		Purpose of Expenditure OVHD		1095 Debit Card	l			
Street Address PO Box 8110	City Aurora		State IL					
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$150.00		
Name of Worker/Consultant Administaff		Date of Payment 04/21/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Audrey Tyson		Purpose o	f Expenditure	Wire Debit Card	l			
Street Address 471 Whalley Ave Unit H	City New Haven		State CT	Zip Code 06511-3068	3			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	ı		¢1 661 76		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
		Date of Payment 04/21/2010		Method of Paym X Check #	ent	Amount		
		Purpose o	of Expenditure	Wire Debit Card	i			
Street Address 106 Foster St # 1	City New Haven		State CT	Zip Code 06511-2655	5			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$646.08		
Name of Worker/Consultant Administaff		Date of Payment 04/21/2010		Method of Paym	ent	Amount		
Secondary Payee Margaret Van Cleave		Purpose o	of Expenditure	Wire Debit Card	i			
Street Address 169 Orange St	City New Haven		State CT	Zip Code 06510-3111	L			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$1,246.08		

IV. EXPENDITURES								
IV. E	AFENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Administaff		Date of Payment 04/21/2010		Method of Paym	ent	Amount		
Secondary Payee Neil Connors			Purpose of Expenditure WAGE		i			
Street Address 127 S Highland St # 2	City West Hartford	•	State CT	Zip Code 06119-1831				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,061.60		
Name of Worker/Consultant Administaff		Date of Payment 04/21/2010		Method of Paym	ent	Amount		
Secondary Payee		Purpose o	of Expenditure	Wire Debit Card	1			
Rebecca Bowers Street Address 88 Grange Rd	City Lancaster	WAGE	State NH	Zip Code 03584-3431				
Description Payroll	Lancaster		NO	Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$646.08		

IV. F	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Lamont For Governor						
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Abbey, Joe Secondary Payee		Date of P 04/22/ Purpose of		Method of Paym X Check #		Amount
Marco Polo Pizzeria		FOOD		Debit Card	i	
Street Address 55 Crown St	City New Haven		State CT	Zip Code 06510-3322	2	
Description pizza				Event #		
PIZZU						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	lidate(s) Name	Office	Sought			
X No						\$25.33
Name of Worker/Consultant		Date of Payment		Method of Paym	ent	Amount
Yorke, Ruth		04/24/2010		X Check #		
Secondary Payee Staples		Purpose o	of Expenditure	1100 Debit Card	i	
Street Address	City	OTTICE	State	Zip Code		
80 Boston Post Rd	Orange		CT	06477-3219)	•
Description reim Staples				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	lidate(s) Name	Office	Sought			
X No						\$73.36

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburso	ements to Committee Worl	kers and	Consultants					
		Date of Payment 04/24/2010		Method of Paym X Check #	ent	nt Amount		
Secondary Payee Postmaster		Purpose of Expenditure POST		f Expenditure 1100 Debit Car				
Street Address 144 Rowayton Ave	City Norwalk		State CT					
Description postage				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$85.88		
Name of Worker/Consultant Winter, Steven		Date of Payment 04/29/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Claire's Corner Copia		Purpose o	of Expenditure	1212 Debit Card	I			
Street Address 1000 Chapel St	City New Haven		State CT	Zip Code 06510-2402	2			
Description Food				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes X	idate(s) Name	Office	Sought	1		¢75.53		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILIN	NG DUE DATE
Lamont For Governor						
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
		Date of Payment 04/30/2010		Method of Paym X Check #	ent	Amount
Secondary Payee Costco Wholesale	Purpose of Expenditure FNDR		f Expenditure	1114 Debit Card	l	
Street Address 200 Federal Rd	City Brookfield		State Zi		ļ	
Description reimburse fundraising expenses				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$32.96
Name of Worker/Consultant Murphy, Edward		Date of Payment 04/30/2010		Method of Paym X Check #	ent	Amount
Secondary Payee Caraluzzi's		Purpose o	f Expenditure	1114 Debit Card	l	
Street Address 98 Greenwood Ave	City Bethel		State CT	Zip Code 06801-2506	5	
Description reimburse fundraising expenses				Event #		
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	date(s) Name	Office	Sought			
Yes X No						\$46.91

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Lamont For Governor						
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Albert, Elvira Secondary Payee				Method of Paym X Check # 1112 Debit Card		Amount
Sprint Street Address PO Box 105243 Description cell phone	City Atlanta	OVHD	State GA	Zip Code 30348-5243 Event #	3	
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$85.00
Name of Worker/Consultant Administaff		Date of Payment 04/30/2010		Method of Paym	ent	Amount
Secondary Payee Daniel J Gross		Purpose o	of Expenditure	Wire Debit Card	i	
Street Address 94 William St Apt 1	City New Haven		State CT	Zip Code 06511-4939)	
Description Payroll				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	ı		\$4,000,00

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
		Date of Payment 04/30/2010		Method of Paym X Check # Wire	ent	nt Amount		
Secondary Payee Jared Kupiec			Purpose of Expenditure WAGE		i			
Street Address 311 Quaker Ln S	City West Hartford		State CT	Zip Code 06119-2220)			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$3,250.00		
Name of Worker/Consultant		Date of Pa		Method of Payment		Amount		
Administaff		04/30/	2010	X Check #				
Secondary Payee Jennifer Just		Purpose o	of Expenditure	Debit Card	i			
Street Address 157 Center Rd	City Woodbridge		State CT	Zip Code 06525-1840)			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			\$2,000,00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 04/30/2010		Method of Paym X Check # Wire	ent	nt Amount		
Secondary Payee Alexis Gomez		Purpose of Expenditure WAGE		Debit Card	l			
Street Address 458 Marvin Ave	City Hackensack		State Zip Code NJ 07601-1128		l			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$1,500.00		
Name of Worker/Consultant Administaff		Date of Payment 04/30/2010		Method of Payment X Check #		Amount		
Secondary Payee Meghan Moorlach		Purpose o	of Expenditure	Wire Debit Card	l			
Street Address 169 Orange St	City New Haven		State CT	Zip Code 06510-3111				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢1 500 00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	sements to Committee Work	ers and	Consultants				
		Date of P 04/30/	-	Method of Paym X Check # Wire	nent	nt Amount	
Secondary Payee Seth Bannon		Purpose o	of Expenditure	Debit Card	i		
Street Address 54 Wauwinet Ct	City Guilford		State CT	Zip Code 06437-1101			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Other Can which reimbursement is sought?	didate(s) Name	Office	Sought				
Yes X No						\$2,000.00	
Name of Worker/Consultant Administaff		Date of Payment 04/30/2010		Method of Payment X Check #		Amount	
Secondary Payee Ryan Cook		Purpose o	of Expenditure	Wire Debit Card			
Street Address 499 Charles St	City Torrington		State CT	Zip Code 06790-3420)		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	didate(s) Name	Office	Sought				
X No						\$1,500.00	

W. EMBENDIFFIDES								
IV. E	XPENDITURES				I			
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 04/30/2010		Method of Paym	ent	Amount		
Secondary Payee Neil Connors		Purpose of Expenditure WAGE				Wire Debit Card	i	
Street Address 127 S Highland St # 2	City West Hartford		State CT	Zip Code 06119-1831				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,150.00		
Name of Worker/Consultant		Date of P		Method of Paym	ent	Amount		
Administaff		04/30/	2010	Wire Check #				
Secondary Payee Rebecca Bowers		Purpose o	f Expenditure	Debit Card	i			
Street Address 88 Grange Rd	City Lancaster		State NH	Zip Code 03584-3431	L			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	ı		\$1.750.00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Administaff 0		Date of Payment 04/30/2010 Purpose of Expenditure		Method of Paym X Check # Wire	nent	nt Amount	
Marc C Bradley		WAGE	2. Emperiantare	Debit Card	i		
Street Address 29 Yarmouth Rd Apt T	City Norwalk		State CT	Zip Code 06853-1856			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$3,000.00	
Name of Worker/Consultant Administaff		Date of Payment 04/30/2010		Method of Paym X Check #	ient	Amount	
Secondary Payee Eric Bragg		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 396 Mansfield Ave	City Darien		State CT	Zip Code 06820-2112	2		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	,		\$1,029.17	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
		Date of Payment 04/30/2010		Method of Paym X Check # Wire	ent	Amount	
Secondary Payee Joe Abbey		Purpose of Expenditure WAGE		Debit Card	i		
Street Address 1600 N Oak St Apt 11	City Arlington	State Zip Code VA 22209					
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$6,750.00	
Name of Worker/Consultant Administaff		Date of Payment 04/30/2010		Method of Payment X Check #		Amount	
Secondary Payee Robert Abraham		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 105 Briarwood Ln	City Cumming		State GA	Zip Code 30040			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$1,776.96	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 04/30/2010		Method of Paym X Check # Wire	ent	Amount		
Secondary Payee Elvira Albert		Purpose of Expenditure WAGE		Debit Card	I			
Street Address 38 Klondike Ave	City Stamford		State CT	Zip Code 06907				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,750.00		
Name of Worker/Consultant Administaff		Date of Payment 04/30/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Audrey Tyson			of Expenditure	Wire Debit Card	1			
Street Address 471 Whalley Ave Unit H	City New Haven	•	State CT	Zip Code 06511-3068	3			
Description Payroll				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	.1		\$2,000.00		

IV. F	EXPENDITURES				1		
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Date of Payment Met			Method of Paym	nent	Amount		
Administaff		04/30/	2010	X Check #			
Secondary Payee Margaret Van Cleave		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 169 Orange St	City New Haven	State Zip Code		Zip Code 06510-3111			
Description Payroll	1		1	Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	didate(s) Name	Office	Sought	1			
Yes No						\$4,500.00	
Name of Worker/Consultant		Date of Payment		Method of Payment		Amount	
Administaff		04/30/2010		X Check #			
Secondary Payee		1	of Expenditure	Wire Debit Card	i		
Gabe Rosenberg	1	WAGE		Ϊ		•	
Street Address 270 Thorton St	City Hamden		State CT	Zip Code 06517			
Description Payroll	•			Event #			
rayion							
	lidate(s) Name	Office	Sought				
which reimbursement is sought? Yes							
X No						\$4,000.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbu	rsements to Committee	Workers and	Consultants				
Administaff 0		Date of P 04/30/	-	Method of Paym X Check # Wire	ent	nt Amount	
Secondary Payee Ruth Yorke		WAGE	n Experienture	Debit Card	i		
Street Address 7 Ridge Rd	City Cos Cob	•	State CT	Zip Code 06807-2309			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	andidate(s) Name	Office	Sought				
X No				_		\$1,029.17	
Name of Worker/Consultant		Date of P	Date of Payment		nent	Amount	
Administaff		04/30/	2010	X Check #			
Secondary Payee Fletcher Gibson, IV		Purpose o	of Expenditure	Debit Card	i		
Street Address 111 Park St Apt 6R	City New Haven		State CT	Zip Code 06511-5456	5		
Description Payroll	I			Event #			
rayion							
which reimbursement is sought?	andidate(s) Name	Office	Sought	1			
X Yes No						\$3,500.00	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Work	xers and	Consultants					
		Date of Payment 04/30/2010		Method of Paym	ent	nt Amount		
Secondary Payee Elizabeth Donovan		Purpose of Expenditure WAGE		Wire Debit Card	i			
Street Address 32 Woodvale Rd	City Branford		State Zip Code CT 06405					
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought	1		\$807.52		
Name of Worker/Consultant Administaff		Date of Page 04/30/		Method of Paym	ent	Amount		
Secondary Payee Elizabeth Donovan		Purpose o	of Expenditure	Wire Debit Card	i			
Street Address 32 Woodvale Rd	City Branford		State CT	Zip Code 06405				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	date(s) Name	Office	Sought	1		¢2 653 78		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants				
		Date of Payment 04/30/2010		Method of Paym X Check #	ent	Amount	
Secondary Payee Steven Winter		Purpose o	of Expenditure	Debit Card	i		
Street Address PO Box 205154	City New Haven		State Zip Code CT 06520-5154		Į		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$415.44	
Name of Worker/Consultant Administaff		Date of Payment 04/30/2010		Method of Payment X Check #		Amount	
Secondary Payee Joshua Schneider		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 106 Foster St # 1	City New Haven		State CT	Zip Code 06511-2655	5		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$1,750.00	

IV. E	XPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE				
Lamont For Governor										
R. Itemization of Reimbursements to Committee Workers and Consultants										
		Date of Payment 04/30/2010		Method of Paym	ent	Amount				
Secondary Payee Rebecca Slutzky		Purpose of Expenditure WAGE						Wire Debit Card	l	
Street Address 2417 Northfield Rd	City Charlottesville		State VA	Zip Code 22901-1727						
Description Payroll				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$3,000.00				
Name of Worker/Consultant Administaff		Date of Page 04/30/		Method of Paym	ent	Amount				
Secondary Payee Kelly Popp		Purpose o	of Expenditure	Wire Debit Card	i					
Street Address 69 Belden Rd	City Hamden		State CT	Zip Code 06514-3709)					
Description Payroll				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$2,288.24				

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Administaff 0		Date of Payment 04/30/2010 Purpose of Expenditure		Method of Paym X Check # Wire		Amount	
Justine Sessions Street Address 2939 Van Ness St NW	City Washington	WAGE	WAGE Debit Card Debit Card				
Description Payroll Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate for which reimbursement is sought?	idate(s) Name	Office	Sought	Event #			
Yes X No						\$3,000.00	
Name of Worker/Consultant Administaff		Date of Payment 04/30/2010		Method of Payment X Check #		Amount	
Secondary Payee Andrew Callahan		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 47 Metacomet Rd	City Farmington		State CT	Zip Code 06032-1801	L		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$1,250.00	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 05/01/2010		Method of Paym	ent	Amount		
Secondary Payee T-Mobile		Purpose of Expenditur		1112 Debit Card	i			
Street Address PO Box 742596	City Cincinnati	State Zip Code OH 45274-45		Zip Code 45274-4596				
Description Telephone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$85.00		
Name of Worker/Consultant Albert, Elvira		Date of Payment 05/01/2010		Method of Payment X Check #		Amount		
Secondary Payee Collins Properties, LLC		Purpose o	of Expenditure	1112 Debit Card	i			
Street Address 2001 W Main St Ste 175	City Stamford		State CT	Zip Code 06902-4562	2			
Description Rent				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢350.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 05/02/2010		Method of Paym X Check # 1126	ent	nt Amount		
Secondary Payee Verizon Wireless		Purpose of Expendicular OVHD		Purpose of Expenditure Debit		Debit Card	l	
Street Address PO Box 15062	City Albany			Zip Code 12212-5062	!			
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$150.00		
Name of Worker/Consultant Donovan, Elizabeth		Date of Payment 05/02/2010		Method of Payment X Check #		Amount		
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	1130 Debit Card	I			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢122.90		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 05/02/2010		Method of Paym X Check # 1118	ent	Amount		
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	Debit Card	i			
Street Address PO Box 15062	City Albany		Zip Code 12212-5062					
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$61.36		
Name of Worker/Consultant Sessions, Justine		Date of Payment 05/02/2010		Method of Payment X Check #		Amount		
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	1129 Debit Card	i			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	<u> </u>			
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$150.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
		Date of Payment 05/02/2010		Method of Paym X Check # 1122	ent	nt Amount		
Secondary Payee AT&T	Purpose of Expenditure OVHD				l			
Street Address PO Box 8110	City Aurora		State Zip Code IL 60507					
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$150.00		
Name of Worker/Consultant Coy, Brian		Date of Payment 05/02/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee AT&T		Purpose o	f Expenditure	1117 Debit Card	l			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		¢150.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburs	sements to Committee Worl	cers and	Consultants					
		05/02/	Date of Payment 05/02/2010		ent	nt Amount		
Secondary Payee AT&T		OVHD	of Expenditure	Debit Card	i			
Street Address PO Box 8110	City Aurora	State Zip Code IL 60507						
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	didate(s) Name	Office	Sought			\$150.00		
Name of Worker/Consultant Yorke, Ruth		Date of Payment 05/02/2010		Method of Paym	nent	Amount		
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	1121 Debit Card	i			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2			
Description cell phone				Event #				
which reimbursement is sought? Yes	didate(s) Name	Office	Sought	ı				
x No						\$115.25		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
		Date of Payment 05/02/2010		Method of Paym X Check #	ent	nt Amount		
Secondary Payee Credo Mobile		Purpose of Expenditure OVHD		1137 Debit Card	i			
Street Address PO Box 480010	City Atlanta		State Z GA 3)			
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought	1		\$52.00		
Name of Worker/Consultant Bannon, Seth		Date of Page 05/02/			ent	Amount		
Secondary Payee Sprint		Purpose o	f Expenditure	1119 Debit Card	I			
Street Address PO Box 105243	City Atlanta		State GA	Zip Code 30348-5243	3			
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	date(s) Name	Office	Sought	•		\$101.64		

IV. E	XPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE			
Lamont For Governor									
R. Itemization of Reimburse	ements to Committee Worl	cers and	Consultants						
		Date of Pa 05/02/		Method of Paym X Check # 1132	ent	Amount			
Secondary Payee Sprint		Purpose o	Purpose of Expenditure		l				
Street Address PO Box 105243	City Atlanta		State GA	Zip Code 30348-5243	1				
Description cell phone				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$150.00			
Name of Worker/Consultant Abbey, Joe		Date of Payment 05/02/2010		Method of Paym X Check #	ent	Amount			
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	1116 Debit Card	l				
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	!				
Description cell phone				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$136,01			

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
		Date of Payment 05/02/2010		Method of Paym	ent	nt Amount		
Secondary Payee AT&T		Purpose of Expenditure OVHD		1125 Debit Card	l			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$150.00		
Name of Worker/Consultant Just, Jennifer		Date of Pa		Method of Paym X Check #	ent	Amount		
Secondary Payee AT&T		Purpose o	f Expenditure	1123 Debit Card	l			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		¢150.00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Marc Bradley			Date of Payment 05/02/2010		ent	Amount	
Secondary Payee AT&T		Purpose o	of Expenditure	Debit Card	I		
Street Address PO Box 8110	City Aurora	•	State Zip Code IL 60507				
Description cell phone				Event #			
which reimbursement is sought? Yes	idate(s) Name	Office	Sought			4450.00	
LX No		1		†		\$150.00	
Name of Worker/Consultant Callahan, Andrew		Date of P 05/02/		Method of Paym	ent	Amount	
Secondary Payee Verizon Wireless			of Expenditure	1124 Debit Card			
Street Address PO Box 15062	City Albany	•	State NY	Zip Code 12212-5062	1		
Description cell phone				Event #			
which reimbursement is sought?	idate(s) Name	Office	Sought	1			
Yes X No						\$115.77	

IV. EXPENDITURES										
NAME OF COMMITTEE					FILIN	NG DUE DATE				
Lamont For Governor										
R. Itemization of Reimburso	ements to Committee Work	kers and	Consultants							
		Date of Payment 05/02/2010		Method of Paym X Check # 1128	ent	Amount				
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD						Debit Card	I	
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2					
Description cell phone				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$150.00				
Name of Worker/Consultant Abraham, Robert		Date of Payment 05/02/2010		Method of Paym X Check #	ent	Amount				
Secondary Payee AT&T		Purpose o	f Expenditure	1127 Debit Card	ı					
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507						
Description cell phone				Event #						
	idate(s) Name	Office	Sought							
which reimbursement is sought? Yes No						\$60.00				

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 05/02/2010		Method of Paym X Check # 1133	ent	Amount		
Secondary Payee AT&T		Purpose of Expenditure OVHD		Debit Card	l			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	ı		\$150.00		
Name of Worker/Consultant Tyson, Audrey		Date of Page 05/02/		Method of Paym X Check #	ent	Amount		
Secondary Payee AT&T		Purpose o	of Expenditure	1120 Debit Card	i			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$81.66		

IV. EXPENDITURES								
IV. E	AFENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
I I_			Method of Paym	ent	Amount			
Van Cleave, Margaret		05/02/	2010	X Check #				
Secondary Payee AT&T		Purpose of Expenditure OVHD		1134 Debit Card	I			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description cell phone	•		!	Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$150.00		
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount		
Kupiec, Jared		05/04/2010		X Check #				
Secondary Payee Flagman of America		Purpose o	of Expenditure	1139 Debit Card	I			
Street Address 22 Old Avon Vlg	City Avon	•	State CT	Zip Code 06001				
Description Flags			•	Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,165.94		

IV. EXPENDITURES								
IV. E	AFENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Wor	rkers and	Consultants					
			Date of Payment 05/11/2010		ent	Amount		
Secondary Payee Kirk's Service		Purpose o	f Expenditure	1213 Debit Card	I			
Street Address 255 Crown St	City New Haven		State CT	Zip Code 06511				
Description Parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$7.00		
Name of Worker/Consultant Administaff		Date of Payment 05/14/2010		Method of Paym	ent	Amount		
Secondary Payee Daniel J Gross		Purpose o	f Expenditure	Wire Debit Card	l			
Street Address 94 William St Apt 1	City New Haven		State CT	Zip Code 06511-4939)			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$4,000,00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Administaff Secondary Payee Seth Bannon		Date of Pourpose of WAGE		Method of Paym X Check # Wire Debit Care		Amount	
Street Address 54 Wauwinet Ct	City Guilford	WAGL	State CT	Zip Code 06437-1101			
Description Payroll Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought	Event #			
Yes X No		_				\$2,000.00	
Name of Worker/Consultant Administaff		Date of Payment 05/14/2010		Method of Paym	ent	Amount	
Secondary Payee Meghan Moorlach		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 169 Orange St	City New Haven		State CT	Zip Code 06510-3111	L		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$1,625.00	

IV. EXPENDITURES								
NAME OF COMMITTEE					EII II	NG DUE DATE		
Lamont For Governor					FILI	NO DOE DATE		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Pa 05/14/		Method of Paym X Check # Wire	nent	Amount		
Secondary Payee Ryan Cook		Purpose of Expenditure WAGE		Debit Caro	d			
Street Address 499 Charles St	City Torrington		State CT	Zip Code 06790-3420				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$1,500.00		
Name of Worker/Consultant Administaff		Date of Payment 05/14/2010		Method of Payment X Check #		Amount		
Secondary Payee Brian Coy		Purpose o	of Expenditure	Wire Debit Card	d			
Street Address 900 N Randolph St Apt 1415	City Arlington		State VA	Zip Code 22203-4073	3			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	date(s) Name	Office	Sought			\$4.808.00		
Administaff Secondary Payee Brian Coy Street Address 900 N Randolph St Apt 1415 Description Payroll Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate for which reimbursement is sought?	Arlington	05/14/ Purpose o WAGE	2010 of Expenditure State VA	X Check # Wire Debit Card Zip Code 22203-4073	d			

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburse	ements to Committee Worl	kers and	Consultants					
		Date of P		Method of Paym X Check #	ent	nt Amount		
Secondary Payee Alexis Gomez		Purpose of Expenditure WAGE		Wire Debit Card	l			
Street Address 458 Marvin Ave	City Hackensack		State Zip Co NJ 0760		3			
Description Payroll				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,500.00		
Name of Worker/Consultant Administaff		Date of P		Method of Paym	ent	Amount		
Secondary Payee Marco Merati		Purpose o	of Expenditure	Wire Debit Card	l			
Street Address 711 Torringford East St	City Torrington		State CT	Zip Code 06790-4246	5			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢1 276 96		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Administaff Secondary Payee			Date of Payment 05/14/2010 Purpose of Expenditure		ent 1	Amount	
Fletcher Gibson, IV Street Address 111 Park St Apt 6R	City New Haven	WAGE	State Zip Code CT 06511-5456		5		
Description Payroll Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought	Event#			
Yes X No						\$1,750.00	
Name of Worker/Consultant Administaff			Date of Payment 05/14/2010		ent	Amount	
Secondary Payee Jennifer Just		Purpose o	f Expenditure	Wire Debit Card	i		
Street Address 157 Center Rd	City Woodbridge		State CT	Zip Code 06525-1840)		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$2,000.00	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Administaff Secondary Payee	aff (Date of Payment 05/14/2010 Purpose of Expenditure		ent	Amount		
Elizabeth Donovan Street Address	City	WAGE					1	
32 Woodvale Rd Description Payroll	Branford	ov.	СТ	06405 Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,250.00		
Name of Worker/Consultant Administaff			Date of Payment 05/14/2010		ent	Amount		
Secondary Payee Rebecca Slutzky		Purpose o	f Expenditure	Wire Debit Card	I			
Street Address 2417 Northfield Rd	City Charlottesville		State VA	Zip Code 22901-1727	,			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$3,000.00		

IV. E	EXPENDITURES				ı		
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Date of Payment Me			Method of Paym	ent	Amount		
Administaff		05/14/	2010	X Check #			
Secondary Payee Justine Sessions		Purpose of Expenditure WAGE		Wire Debit Card	i		
Street Address 2939 Van Ness St NW	City Washington	State Zip Code DC 20008-4631		L			
Description Payroll			!	Event #			
which reimbursement is sought?	idate(s) Name	Office	Sought				
Yes X No						\$3,000.00	
Name of Worker/Consultant		Date of Payment		Method of Paym	ent	Amount	
Administaff		05/14/2010		X Check #			
Secondary Payee			of Expenditure	Wire Debit Card	i		
Ruth Yorke		WAGE				•	
Street Address 7 Ridge Rd	City Cos Cob		State CT	Zip Code 06807-2309)		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought				
Yes X No						\$1,029.17	

IV. EXPENDITURES							
IV. F	LAPENDITURES						
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Date of Payment Method of Payment					nent	Amount	
Administaff		05/14/	2010	X Check #			
Secondary Payee		Purpose o	of Expenditure	Wire			
Kelly Popp		WAGE		Debit Card	1	•	
Street Address	City		State	Zip Code			
69 Belden Rd Description	Hamden		СТ	06514-3709)		
Payroll				Event #			
	lidate(s) Name	Office	Sought	-1			
which reimbursement is sought? Yes							
X No						\$1,250.00	
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount	
Administaff		05/14/2010		X Check #			
Secondary Payee		Purpose o	f Expenditure	Wire			
Matthew Santacroce		WAGE		Debit Card	1		
Street Address	City		State	Zip Code			
10 Earl St	Manchester		СТ	06040-4336	5		
Description Payroll				Event #			
	lidate(s) Name	Office	Sought	<u> </u>			
which reimbursement is sought? Yes							
X No						\$1,100.00	

IV. F	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Administaff Secondary Payee	staff		ayment /2010 of Expenditure	Method of Paym X Check # Wire		Amount	
Margaret Van Cleave		WAGE		Debit Card	i		
Street Address 169 Orange St	City New Haven		State CT	Zip Code 06510-3111	L		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	lidate(s) Name	Office	Sought				
X No						\$4,500.00	
Name of Worker/Consultant		Date of Payment		Method of Paym	nent	Amount	
Administaff		05/14/2010		X Check #			
Secondary Payee		Purpose of Expenditure		Wire Debit Card	i		
Joshua Schneider	1	WAGE		 		•	
Street Address 106 Foster St # 1	City New Haven		State CT	Zip Code 06511-2655	5		
Description Payroll	•		•	Event #			
rayion							
Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought	1			
which reimbursement is sought? Yes							
X No						\$1,750.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbur	sements to Committee Work	ers and	Consultants		,		
		Date of Payment 05/14/2010		Method of Paym X Check # Wire	ent	Amount	
Secondary Payee Steven Winter		Purpose o	of Expenditure	Debit Card	i		
Street Address PO Box 205154	City New Haven		State CT	Zip Code 06520-5154			
Description Payroll	•		•	Event #			
which reimbursement is sought? Yes	ndidate(s) Name	Office	Sought				
X No		1		1		\$500.00	
Name of Worker/Consultant Administaff		Date of Payment 05/14/2010		Method of Paym	nent	Amount	
				Wire			
Secondary Payee Jared Kupiec		WAGE	of Expenditure	Debit Card	i		
Street Address 311 Quaker Ln S	City West Hartford		State CT	Zip Code 06119-2220)		
Description Payroll	•		<u> </u>	Event #			
Is this expenditure coordinated with another candidate for Other Car which reimbursement is sought? Yes	ndidate(s) Name	Office	Sought				
X No						\$3,250.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants		,		
		Date of Payment 05/14/2010		Method of Paym X Check #	nent	nt Amount	
Secondary Payee Gabe Rosenberg		Purpose o	f Expenditure	Debit Card	i		
Street Address 270 Thorton St	City Hamden		State CT	Zip Code 06517			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$4,000.00	
Name of Worker/Consultant Administaff		Date of Payment 05/14/2010		Method of Payment X Check #		Amount	
Secondary Payee Audrey Tyson		Purpose o	f Expenditure	Wire Debit Card	i		
Street Address 471 Whalley Ave Unit H	City New Haven		State CT	Zip Code 06511-3068	3		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$2,000.00	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Jame of Worker/Consultant		Date of Payment 05/14/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Elvira Albert		Purpose of Expenditure WAGE		Wire Debit Card	i			
Street Address 38 Klondike Ave	City Stamford		State CT	Zip Code 06907				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,750.00		
Name of Worker/Consultant Administaff		Date of P		Method of Paym	ent	Amount		
Secondary Payee Joe Abbey			of Expenditure	Wire Debit Card	i			
Street Address 1600 N Oak St Apt 11	City Arlington		State VA	Zip Code 22209				
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$6,750.00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
dministaff		Date of Payment 05/14/2010		Method of Paym X Check #	nent	nt Amount	
Secondary Payee Robert Abraham		WAGE	f Expenditure	Debit Card	i		
Street Address 105 Briarwood Ln	City Cumming	•	State GA	Zip Code 30040			
Description Payroll				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,500.00	
Name of Worker/Consultant Administaff		Date of Payment 05/14/2010		Method of Payment X Check #		Amount	
Secondary Payee Eric Bragg		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 396 Mansfield Ave	City Darien		State CT	Zip Code 06820-2112	2		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$1,029.17	

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Administaff			Date of Payment 05/14/2010		ent	Amount	
Secondary Payee Andrew Callahan		Purpose o	f Expenditure	Wire Debit Card	l		
Street Address 47 Metacomet Rd	City Farmington		State CT	Zip Code 06032-1801		ı	
Description Payroll				Event #			
						L	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$1,250.00	
Name of Worker/Consultant Administaff		Date of Pa		Method of Paym X Check #	ent	Amount	
Secondary Payee Marc C Bradley		Purpose o	f Expenditure	Wire Debit Card	l	ı	
Street Address 29 Yarmouth Rd Apt T	City Norwalk		State CT	Zip Code 06853-1856	,	ı	
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$3,000,00	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor								
R. Itemization of Reimburs	ements to Committee Work	kers and	Consultants					
		Date of Payment 05/14/2010		Method of Paym X Check #	ent	nt Amount		
Secondary Payee Jason Barnaby	Purpose of Expenditure WAGE Wire Debit Ca				Purpose of Expenditure		i	
Street Address 214 Daisy Cir	City McDonough		State GA	Zip Code 30252-1040)			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$1,500.00		
Name of Worker/Consultant Administaff		Date of Page 05/14/		Method of Paym X Check #	ent	Amount		
Secondary Payee Eric Bornstein		Purpose o	of Expenditure	Wire Debit Card	i			
Street Address 12 Bellevue Ave	City Dobbs Ferry		State NY	Zip Code 10522-2606	5			
Description Payroll				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	l		¢1 384 80		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
		Date of Payment 05/14/2010		Method of Paym X Check #	ent	nt Amount	
Secondary Payee Neil Connors		Purpose o	f Expenditure	Debit Card	i		
Street Address 127 S Highland St # 2	City West Hartford		State CT	Zip Code 06119-1831			
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1,150.00	
Name of Worker/Consultant Administaff		Date of Payment 05/14/2010		Method of Payment X Check #		Amount	
Secondary Payee Rebecca Bowers		Purpose o	of Expenditure	Wire Debit Card	i		
Street Address 88 Grange Rd	City Lancaster		State NH	Zip Code 03584-3431	L		
Description Payroll				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	,		\$1,750.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants				
Name of Worker/Consultant Kupiec, Jared	od 05/21/2010 X		Method of Paym X Check # 1215	ent	Amount		
Secondary Payee Staples		Purpose of Expenditure PRNT Debit Card			i		
Street Address 2550 Albany Ave	City West Hartford		State CT	Zip Code 06117			
Description Printing				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$79.92	
Name of Worker/Consultant		Date of P		Method of Paym	ent	Amount	
Kupiec, Jared		05/21/	2010	X Check # 1215			
Secondary Payee Fedex/Kinko's		Purpose o	f Expenditure	Debit Card	i		
Street Address 196 Trumbull St	City Hartford		State CT	Zip Code 06103			
Description Printing	•		•	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$176.00	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Lamont For Governor						
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Bannon, Seth Secondary Payee Fedex/Kinko's		Date of Pourpose of PRNT		Method of Paym X Check # 1213 Debit Card		Amount
Street Address 196 Trumbull St	City Hartford	1	State CT	Zip Code 06103		
Description Convention Flier				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$278.20
Name of Worker/Consultant Administaff		Date of Page 05/21/		Method of Paym X Check #	ent	Amount
Secondary Payee Neil Connors		Purpose of Expenditure WAGE		WIRE Debit Card		
Street Address 127 S Highland St # 2	City West Hartford		State CT	Zip Code 06119-1831	L	
Description Payroll				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$212.32

IV. EXPENDITURES						
NAME OF COMMITTEE					FILIN	NG DUE DATE
Lamont For Governor						
R. Itemization of Reimburs	ements to Committee Wor	rkers and	Consultants			
Name of Worker/Consultant Administaff Secondary Payee	Date of Payment 05/21/2010 Purpose of Expenditure		Method of Payment X Check # WIRE Debit Card		Amount	
Street Address 21 Temple St Apt 807	City Hartford	WAGE	State CT	Zip Code 06103-1325		
Description Payroll Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought	Event#		
Yes X No						\$2,500.00
Name of Worker/Consultant Administaff		Date of P		Method of Paym	ent	Amount
Secondary Payee Steven Winter		Purpose of Expenditure WAGE		WIRE Debit Card		
Street Address PO Box 205154	City New Haven		State CT	Zip Code 06520-5154	ı	
Description Payroll				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$180.00

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Lamont For Governor						
R. Itemization of Reimburs	ements to Committee Wor	kers and	Consultants			
Name of Worker/Consultant Administaff Secondary Payee Ross Gionfriddo		Date of P 05/21/ Purpose of		Method of Paym X Check # WIRE Debit Card		Amount
Street Address 205 Auburn Rd	City West Hartford	1	State CT	Zip Code 06119-1179)	
Description Payroll				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	didate(s) Name	Office	Sought			\$1,029.17
Name of Worker/Consultant Van Cleave, Margaret		Date of P		Method of Paym	ent	Amount
Secondary Payee Pro Park		Purpose of Expenditure TRVL		1211 Debit Card		
Street Address 1 Union Pl	City Hartford		State CT	Zip Code 06103		
Description Parking				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	didate(s) Name	Office	Sought	1		\$10.00

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Lamont For Governor							
R. Itemization of Reimburs	sements to Committee Worl	kers and	Consultants				
l I		Method of Paym X Check #	ent	Amount			
Secondary Payee Black Eyed Sallys					i		
Street Address 350 Asylum St	City Hartford		State CT	Zip Code 06103-2003	3		
Description Meals				Event #			
which reimbursement is sought? Yes	didate(s) Name	Office	Sought				
X No				+		\$90.00	
Name of Worker/Consultant		Date of P		Method of Paym	ent	Amount	
Schneider, Joshua		05/21/	2010	X Check # 1214			
Secondary Payee Staples		Purpose of OFFICE	of Expenditure	Debit Card			
Street Address 2550 Albany Ave	City West Hartford		State CT	Zip Code 06117			
Description Office Supplies	1		1	Event #			
Is this expenditure coordinated with another candidate for Other Candwhich reimbursement is sought?	didate(s) Name	Office	Sought				
Yes No						\$52.74	

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Lamont For Governor						
R. Itemization of Reimburse	ments to Committee Work	ers and	Consultants			
Name of Worker/Consultant Bannon, Seth		Date of Payment 05/21/2010		Method of Payment Check #		Amount
Secondary Payee Walgreens		Purpose of Expenditure Misc *		X Debit Card	i	
Street Address 87 Foxon St	City Hartford		State CT	Zip Code 06103		
Description Convention food				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	date(s) Name	Office	Sought	l		
X No						\$132.19
				Total of Se	ection R	\$196,287.03

IV. EXPE	ENDITURES				
NAME OF COMMITTEE				FII	LING DUE DATE
Lamont For Governor					
S. Surplus Distril	oution of Equipment and Furniture				
Name of Recipient					Original Purchase Amount of Item
Street Address	City	State	Zip Code		
Description					
			Total of Section	on S	